01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,602 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/29/04

9,084 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER		ST PER
@ODTOMETD I CT	190	OR DAYS OF CARE	10 022 90			USER 52.80		IGIBLE
@OPTOMETRIST		523 \$	10,032.80	\$ 19.18	.058 \$		Ş	1.10
DIAGNOSTIC AND ANC. PROCED	27	27	1,155.39	42.79	.003	42.79		.13
EYE APPLIANCES	133	417	6,926.86	16.61	.046	52.08		.76
OTHER OPTOMETRIC SERVICES	53	79	1,950.55	24.69	.009	36.80		.21
@CHIROPRACTOR	4	9 \$	150.48	\$ 16.72	.001 \$	37.62	Ş	.02
VISITS	3	8	133.76	16.72	.001	44.59		.01
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	4.	.00
@PODIATRIST	129	169 \$	1,686.78	\$ 9.98	.019 \$	13.08	Ş	.19
MEDICINE/INJECTIONS	6	6	162.50	27.08	.001	27.08		.02
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	124	162	1,505.28	9.29	.018	12.14		.17
@HOME HEALTH AGENCY	1	7 \$	500.65	\$ 71.52	.001 \$	500.65	\$.06
NURSE ANESTHESIST	2	25 \$	55.28	\$ 2.21	.003 \$	27.64	\$.01
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	416	3,534 \$	370,251.43	\$ 104.77	.389 \$	890.03	\$	40.76
HOSP INPATIENT TOTAL	82	406	323,080.39	795.76	.045	3940.00		35.57
HSC HOSPITALS	24	127	141,729.38	1115.98	.014	5905.39		15.60
NON-HSC HOSPITAL TOTAL	11	63	148,069.63	2350.31		13460.88		16.30
ACCOMMODATIONS	11	63	38,127.09	605.19	.007	3466.10		4.20
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30		.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.007	3789.58		4.17
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78		12.10
INPATIENT CROSSOVERS	48	216	33,281.38	154.08	.024	693.36		3.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	345	3,128	47,171.04	15.08	.344	136.73		5.19
MEDICAL	3	3	44.84	14.95	.000	14.95		.00
SURGERY	1	1	173.64	173.64	.000	173.64		.02
PATHOLOGY	4	23	245.98	10.69	.003	61.50		.03
RADIOLOGY	3	4	235.83	58.96	.000	78.61		.03
ROOM USE	6	10	542.64	54.26	.001	90.44		.06
CROSSOVERS/ALL OTH OUTPINT	338	3,087	45,928.11	14.88	.340	135.88		5.06
@COUNTY HOSPITAL TOTAL	1	1 \$	4.67	\$ 4.67	.000 \$	4.67	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	1	1	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1	4.67	4.67	.000	4.67		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	U	0	.00	.00	.000	.00		.00
RADIOLOGY	U	0	.00	.00	.000	.00		.00
ROOM USE	0 1	0 1	.00 4.67	.00	.000	.00 4.67		.00 .00
CROSSOVERS/ALL OTH OUTPTNT	_	-		4.67	.000		ר א כו	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NIH-OF-PAYMENT R.	EPOKI FOR JAN 2	AND THEO DEC	∠ ∪∪3		E 9,603
MOP024	FEE-FOR-SERVICE		ACED	YID OODE	1.0			01/29/04
PLACER COUNTY	SUMMAKI OF SERV	ICES FOR CASH GRANT -	AGED	AID CODE	MONT	ע משמוע ע זו	CF _	
9,084 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
- ,								

		OR DAYS OF CARE			ושמ	ס זואודידי/האיט	PER ELIC	4	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	415	3,533	\$	370,246.76	\$	104.80	.389		892.16	\$	40.76
COMM HOSP INPATIENT TOTAL	82	406	٧	323,080.39	~	795.76	.045	۲	3940.00	٧	35.57
HSC HOSPITALS	24	127		141,729.38		1115.98	.014		5905.39		15.60
NON-HSC HOSPITALS TOTAL	11	63		148,069.63		2350.31	.007		13460.88		16.30
ACCOMMODATIONS	11	63		38,127.09		605.19	.007		3466.10		4.20
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	62		37,895.79		611.22	.007		3789.58		4.17
ANCILLARIES	11	0		109,942.54		.00	.000		9994.78		12.10
INPATIENT CROSSOVERS	48	216		33,281.38		154.08	.024		693.36		3.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	344	3,127		47,166.37		15.08	.344		137.11		5.19
MEDICAL	3	3,127		44.84		14.95	.000		14.95		.00
SURGERY	1	1		173.64		173.64	.000		173.64		.02
PATHOLOGY	4	23		245.98		10.69	.003		61.50		.03
RADIOLOGY	3	4		235.83		58.96	.000		78.61		.03
ROOM USE	6	10		542.64		54.26	.001		90.44		.06
CROSSOVERS/ALL OTH OUTPTNT	337	3,086		45,923.44		14.88	.340		136.27		5.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	230	6,720	\$	849,358.55	\$	126.39	.740	\$	3692.86	\$	93.50
LEV A-INTERMEDIATE	3	120	Ą	8,152.80	Ą	67.94	.013	Ą	2717.60	Ą	.90
LEV B-REHAB MD		145		17,529.90		120.90	.013		5843.30		1.93
	3	0		•		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	224	6,455		823,675.85		127.60	.711		3677.12		.00 90.67
LEV B-REGULAR	0		ب.		\$.00	.000	\$.00	۲,	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ą			Ą		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00			.00		.00
ICF DDN/DDCN	25	36	ė.	.00	4	.00	.000	ė.	.00	4	.00
@HEMODIALYSIS TOTAL	25 0	0	\$	14,716.98	\$	408.81	.004	\$	588.68	\$	1.62
HOSPITAL BASED	25	36		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		ė.	14,716.98	4	408.81	.004	ė.	588.68	4	1.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000				.00
INDEPENDENT FACILITY	42	0	ė.	.00	4	.00	.000	ė.	.00	4	.00
@LABORATORY FACILITY	31	127	\$	1,331.17	\$	10.48	.014	\$	31.69 37.23	\$.15
PATHOLOGY	11	106		1,154.15		10.89	.012				.13
XO AND OTHERS		21	ė.	177.02	4	8.43	.002	4	16.09	4	.02
@ORGANIZED OUTPATIENT CLINIC	331	479	\$	53,849.07	\$	112.42	.053	Ş	162.69	\$	5.93
CLINIC	4	8		1,650.27		206.28	.001		412.57		.18
SURGICENTER	20	28		3,646.85		130.24	.003		182.34		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	307	443	по	48,551.95	3D0D1	109.60	.049	DEG	158.15		5.34
#CALIF DEPT OF HEALTH SERV			ES.	MONTH-OF-PAYMENT RI	LPOR	I FOR JAN	2003 IHRU	DEC	2003	Ŀ	PAGE 9,604
MOP024	FEE-FOR-SERVICE		7 3 TCT	A CEED		ATD CODE	1.0				01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT.	- AGED		AID CODE		#○NTITU		aп	
0 004 ELICIDIEC	HCEDC	INTER OF REDUICE		EXDENDITIOEC	7. 7. 7.				HLY AVERA	.GE	
9,084 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
ANI OTHER PROVIDERS	910	OR DAYS OF CARE	\$	208,154.18			PER ELIC 10.564		USER	۲,	ELIGIBLE 22.91
@ALL OTHER PROVIDERS			Ş		\$	2.17		Ş	228.74	Þ	
DURABLE MED. EQUIP.	31	59		3,187.69		54.03	.006		102.83		.35
BLOOD BANK	0	0 6		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3 77			1,444.27		240.71	.001		481.42		.16
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS		2,755 116		9,235.99		3.35 13.00	.303		119.95 137.10		1.02
	11			1,508.13							.17
OTHER TRANS	62	2,586		7,500.42		2.90	.285		120.97		.83

OTHER SERVICES	5	53		227.44		4.29	.006		45.49		.03
ACUPUNCTURE	6	10		183.82		18.38	.001		30.64		.02
ADULT DAY HEALTH CARE CTR	99	1,569		108,683.59		69.27	.173	1	097.81		11.96
GENETIC DISEASE TESTING	0	. 0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	65	382		24,019.05		62.88	.042		369.52		2.64
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	178	404		5,051.95		12.50	.044		28.38		.56
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	6	11		11.51		1.05	.001		1.92		.00
PROSTHETIST/ORTHOTISTS	9	18		532.22		29.57	.002		59.14		.06
PROSTHETICS	8	17		435.72		25.63	.002		54.47		.05
ORTHOTICS	1	1		96.50		96.50	.000		96.50		.01
PSYCHOLOGIST	1	1		31.08		31.08	.000		31.08		.00
SPEECH AND AUDIOLOGY	34	47		4,962.54		105.59	.005		145.96		.55
HOSPICE SERVICES	5	134		14,506.97		108.26	.015		2901.39		1.60
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	461	90,566		36,303.50		.40	9.970		78.75		4.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
@XOVER EXCLUDING STATE HOSP**	1,795	11,908	Ė	248,554.57	ŝ	20.87	1.311	Ė	138.47	Ś	27.36
et momard tar minder timed and divis	_,	•		·	т					,	

PAGE 9,605

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

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					MON	ITHLY AVERA	GE
1,227 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	922	82,017 \$	692,132.76	\$ 8.44	66.844 \$		\$ 564.09
@PHYSICIANS SERVICES	280	873 \$	26,744.25	\$ 30.63	.711 \$	95.52	\$ 21.80
OUTPATIENT VISITS	121	157	5,736.92	36.54	.128	47.41	4.68
OFFICE VISITS	94	115	3,740.97	32.53	.094	39.80	3.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,673.19	55.77	.024	69.72	1.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12	322.76	26.90	.010	26.90	.26
INPATIENT VISITS	13	19	619.37	32.60	.015	47.64	.50
HOSPITAL VISITS	2	4	138.57	34.64	.003	69.29	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15	480.80	32.05	.012	43.71	.39
OPHTHALMOLOGICAL SERVICES	6	7	288.22	41.17	.006	48.04	.23
EXAMINATIONS	6	7	288.22	41.17	.006	48.04	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,227.80	613.90	.002	613.90	1.00
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.002	613.90	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	43	7,311.21	170.03	.035	456.95	5.96
PRINCIPAL SURGEON	12	18	6,247.41	347.08	.015	520.62	5.09
ASSISTANT SURGEON	1	1	232.32	232.32	.001	232.32	.19
ANESTHESIOLOGIST	6	24	831.48	34.65	.020	138.58	.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	12	157.47	13.12	.010	15.75	.13
RADIOLOGY	39	56	6,628.11	118.36	.046	169.95	5.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	3	6	59.04	9	.005	19.68	.05
OTHER SERVICES/ALL X-OVERS	132	571	4,716.11	8	.465	35.73	3.84
@PHARMACY	752	41,056	\$ 295,298.86	\$ 7	19 33.460	\$ 392.68	\$ 240.67
PRESCRIPTION DRUGS	722	3,121	272,313.46	87	25 2.544	377.17	221.93
SNF/ICF	62	616	43,636.28	70	.502	703.81	35.56
OUTPATIENTS	668	2,505	228,677.18	91	29 2.042	342.33	186.37
MEDICAL SUPPLIES	143	37,935	22,985.40		61 30.917	160.74	18.73
@DENTIST	60	273	\$ 9,061.00	\$ 33	.222	\$ 151.02	\$ 7.38
VISITS - DIAGNOSTIC	41	159	2,209.00	13	.130	53.88	1.80
ORAL SURGERY	9	14	613.00	43	.79 .011	68.11	.50
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	4	5	200.00	40	.004	50.00	.16
ENDODONTICS	3	3	590.00	196	.002	196.67	.48
RESTORATIVE DENTISTRY	26	70	3,707.00	52	.057	142.58	3.02
PROSTHETICS	1	1	30.00	30	.001	30.00	.02

DENTURES, STAYPLATES	6	21	1,712.00	81.52	.017	285.33	1.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 9,606
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	Γ - BLIND	AID CODE	20		
					MONT	HLY AVERAC	GE

PLACER COUNTY	SUMMARY OF SERVICES		CACH CD	_ יידא א	DITND		AID CODE	20				01/25/01
PLACER COUNTY	SUMMARI OF SERVICE,	AU1 C	CASH GRA	HIN I -	BUIND		AID CODE	M	יייזאר	UIV AUEDA	C E	
1,227 ELIGIBLES	HCEDC IIN	TTC OF	SERVICE		EXPENDITURES	7\ \ 7.1						COST PER
1,22/ ELIGIBLES					EXPENDITORES							
CODMONTED TOM	Oi	R DAYS	OF CARE	4	2 460 02		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	32 11 21 9 4		82	\$		\$				108.13	Ş	
DIAGNOSTIC AND ANC. PROCED	11		12		655.18		54.60	.010 .045		59.56		.53
EYE APPLIANCES	21		55		2,369.11		43.07	.045		112.81		1.93
OTHER OPTOMETRIC SERVICES	9		15		435.94		29.06	.012		48.44		.36
@CHIROPRACTOR	4		6	\$		\$.005			\$.08
VISITS	4		6		100.32		16.72	.005		25.08		.08
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0 17 3 0 0 14 0 1 0		21	\$	354.39	\$	16.88	.017	\$	20.85	\$.29
MEDICINE/INJECTIONS	3		3		93.80		31.27	.002		31.27		.08
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	14		18		260.59		14.48	.015		18.61		.21
@HOME HEALTH AGENCY	0			Ś	.00		.00	.000		.00	Ś	.00
NURSE ANESTHESIST	1		0 8 0	\$ \$ \$ \$ \$	20.30		2.54	.007		20.30		.02
NURSE MIDWIFE	0		0	Ģ	.00		.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	ب ب	.00	\$.00	.000		.00		.00
	0		0	ې د	.00	ب ب	.00					
FAMILY NURSE PRACTITIONER	102			φ φ	64,170.46	ې ک	105 70	.000	ې ک	.00 629.12		.00
@TOTAL HOSPITAL	102		607	Ş	64,170.46	Ş	105.72		Þ		Ş	52.30
HOSP INPATIENT TOTAL	0 0 102 17		73		52,437.38		718.32 1229.92	.059		3084.55		42.74
HSC HOSPITALS	5		33		40,587.39		1229.92	.027		8117.48		33.08
NON-HSC HOSPITAL TOTAL	1		4		3,210.62		802.66 467.98	.003		3210.62		2.62
ACCOMMODATIONS	1		4		1,871.91		467.98	.003		1871.91		1.53
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0 4 0		.00		.00	.000		.00 1871.91		.00
ALL OTHER ACCOM	1		4		1,871.91		467.98	.003		1871.91		1.53
ANCILLARIES	1		0		1,338.71		.00	.000		1338.71		1.09
INPATIENT CROSSOVERS	1 11 0 87		36		8,639.37		467.98 .00 239.98	.029		785.40		7.04
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00 134.86		.00
HOSP OUTPATIENT TOTAL	87		534		11,733.08		21.97	.435		134.86		9.56
MEDICAL	8		14		585.74		41.84	.011		73.22		.48
SURGERY	6		6		543.83		90.64	.005		90.64		.44
PATHOLOGY	14		58		640.41		11.04	.047		45.74		.52
RADIOLOGY	20		29		1,597.57		55.09	.024		79.88		1.30
ROOM USE	14 20 36		48		2,035.18		42.40	.039		56.53		1.66
CROSSOVERS/ALL OTH OUTPTNT	58		379		6,330.35		16.70	.309		109.14		5.16
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	Ġ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0				.00					
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36 58 0 0 0 0 0 0 0		Ü		.00		.00	.000		.00		.00
ANCILLARIES	0		0 0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00

SURGERY	0	0	.00		.00		.000		.00		.00
PATHOLOGY	0	0	.00		.00		.000		.00		.00
RADIOLOGY	0	0	.00		.00		.000		.00		.00
ROOM USE	0	0	.00		.00		.000		.00		.00
	0	0	.00						.00		.00
CROSSOVERS/ALL OTH OUTPTNT		-			.00	0000	.000				
		S AND EXPENDITURES MO	ON.I.H-OFBAAMEN.I. P	SEPORT.	FOR JAN	2003	THRU	DEC	2003	PA	AGE 9,607
MOP024	FEE-FOR-SERVICE/										01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR CASH GRANT -	- BLIND		AID CODE	20					
							M	IONTE	HLY AVERA	GE -	
1,227 ELIGIBLES		UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	TINU T	CS/DAY	S C	COST PER	(COST PER
		OR DAYS OF CARE			UNIT/DAY				USER	Ι	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	607 \$	64,170.46	\$	105.72		.495		629.12	Ś	52.30
COMM HOSP INPATIENT TOTAL	17	73	52,437.38	٧	718.32		.059	Ψ	3084.55	٧	42.74
HSC HOSPITALS	5	33	40,587.39		1229.92		.027		8117.48		33.08
	1	4	3,210.62	-	802.66		.003		3210.62		2.62
NON-HSC HOSPITALS TOTAL	1	4									
ACCOMMODATIONS	1	4	1,871.91		467.98		.003		1871.91		1.53
ADMINISTRATIVE DAYS	0	0 0 4	.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00		.000		.00		.00
ALL OTHER ACCOM	1		1,871.91		467.98		.003		1871.91		1.53
ANCILLARIES	1	0	1,338.71		.00		.000		1338.71		1.09
INPATIENT CROSSOVERS	11	36	8,639.37		239.98		.029		785.40		7.04
ALL OTHER INPATIENT	0	0	.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	87	534	11,733.08		21.97		.435		134.86		9.56
MEDICAL	8	14	585.74		41.84		.011		73.22		.48
	6	6	543.83		90.64		.005		90.64		.44
SURGERY											
PATHOLOGY	14	58	640.41		11.04		.047		45.74		.52
RADIOLOGY	20	29	1,597.57		55.09		.024		79.88		1.30
ROOM USE	36	48	2,035.18		42.40		.039		56.53		1.66
CROSSOVERS/ALL OTH OUTPTNT	58	379	6,330.35		16.70		.309		109.14		5.16
@STATE HOSPITAL	0	0 \$.00	\$.00		.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00		.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00		.000		.00		.00
@NURSING FACILITY	48	1,211 \$	144,200.66	\$	119.08		.987	\$	3004.18	\$	117.52
LEV A-INTERMEDIATE	0	0	.00	٧	.00		.000	Ψ	.00	٧	.00
LEV B-REHAB MD	0	0	.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00		.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED		-	.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00		.000		.00		.00
LEV B-REGULAR	48	1,211	144,200.66		119.08		.987		3004.18		117.52
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0	0	.00		.00		.000		.00		.00
ICF DD	0	0	.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	59	140 \$	31,930.83	\$	228.08		.114	\$	541.20	\$	26.02
HOSPITAL BASED	0	0	.00		.00		.000	•	.00	•	.00
HEMODIALYSIS CENTER	59	140	31,930.83		228.08		.114		541.20		26.02
@REHABILITATION FACILITY	1	2 \$	51.88	\$	25.94		.002	Ġ	51.88	Ġ	.04
	0	0	.00	Ą	.00		.002	Ą	.00	Ą	.00
HOSPITAL BASED	1										
INDEPENDENT FACILITY	-	2	51.88		25.94		.002	4.	51.88		.04
@LABORATORY FACILITY	36	215 \$	2,772.55	\$	12.90		.175	\$	77.02	Ş	2.26
PATHOLOGY	35	214	2,756.01		12.88		.174		78.74		2.25
XO AND OTHERS	1	1	16.54		16.54		.001		16.54		.01
@ORGANIZED OUTPATIENT CLINIC	76	143 \$	13,256.85	\$	92.71		.117	\$	174.43	\$	10.80
CLINIC	16	41	1,529.92		37.32		.033		95.62		1.25
SURGICENTER	5	14	883.91		63.14		.011		176.78		.72
HEROIN DETOX CLINIC	0	0	.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	57	88	10,843.02		123.22		.072		190.23		8.84
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	•	ייים∩חייי		2002		חבים		יח	AGE 9,608
	FEE-FOR-SERVICE		NITH-OF-BUINENI P	CEPURI	TOK UAIN	∠∪∪ 3	IUKU	חפת	2003	PI	
MOP024		CES FOR CASH CRANT.	DITND		ATD CODE	. 20					01/29/04

AID CODE 20

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

PLACER COUNTY

1,227 ELIGIBLES
@ALL OTHER PROVIDERS 225 37,380 100,710.18 \$ 2.69 30.465 \$ 447.60 \$ 82.08 DURABLE MED. EQUIP. 10 21 7,397.62 352.27 .017 739.76 6.03 BLOOD BANK 0 0 .0
@ALL OTHER PROVIDERS 225 37,380 \$ 100,710.18 \$ 2.69 30.465 \$ 447.60 \$ 82.08 DURABLE MED. EQUIP. 10 21 7,397.62 352.27 .017 739.76 6.03 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 1 1 25.00 25.00 .001 25.00 .02 MEDICAL TRANSPORTATION 82 16,836 49,519.81 2.94 13.721 603.90 40.36 AMBULANCES/AIR TRANS 12 103 1,454.19 14.12 .084 121.18 1.19 OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. 10 21 7,397.62 352.27 .017 739.76 6.03 BLOOD BANK 0 0 .00
HEARING AID DISPENSERS 1 1 1 25.00 25.00 .001 25.00 .02 MEDICAL TRANSPORTATION 82 16,836 49,519.81 2.94 13.721 603.90 40.36 AMBULANCES/AIR TRANS 12 103 1,454.19 14.12 .084 121.18 1.19 OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 13 232 16,129.38 69.52 .189 1240.72 13.15 GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 IHMC,MODEL-NF,NF,AIDS,MSSP 14 39 5,430.51 139.24 .032 387.89 4.43 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 OPTICIAN 20 39 879.45 22.55 .032 43.97 .72 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 PORTABLE X-RAY 4 12 226.82 18.07 .010 54.21 .18 PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 OTHOTICS 0 0 0 .00 .00 .00 .00 .00
MEDICAL TRANSPORTATION 82 16,836 49,519.81 2.94 13.721 603.90 40.36 AMBULANCES/AIR TRANS 12 103 1,454.19 14.12 .084 121.18 1.19 OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 13 232 16,129.38 69.52 .189 1240.72 13.15 GENETIC DISEASE TESTING 0 0 .00
AMBULANCES/AIR TRANS 12 103 1,454.19 14.12 .084 121.18 1.19 OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
AMBULANCES/AIR TRANS 12 103 1,454.19 14.12 .084 121.18 1.19 OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
OTHER TRANS 72 16,693 47,918.81 2.87 13.605 665.54 39.05 OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 13 232 16,129.38 69.52 .189 1240.72 13.15 GENETIC DISEASE TESTING 0 0 0 .00
OTHER SERVICES 4 40 146.81 3.67 .033 36.70 .12 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 13 232 16,129.38 69.52 .189 1240.72 13.15 GENETIC DISEASE TESTING 0 0 .00 </td
ADULT DAY HEALTH CARE CTR 13 232 16,129.38 69.52 .189 1240.72 13.15 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
GENETIC DISEASE TESTING 0 0 .00<
IHMC,MODEL-NF,NF,AIDS,MSSP 14 39 5,430.51 139.24 .032 387.89 4.43 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 20 39 879.45 22.55 .032 43.97 .72 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 4 12 216.82 18.07 .010 54.21 .18 PROSTHETIST/ORTHOTISTS 5 7 1,048.71 149.82 .006 209.74 .85 PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00
OCCUPATIONAL THERAPIST 0 0 .00
OPTICIAN 20 39 879.45 22.55 .032 43.97 .72 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 4 12 216.82 18.07 .010 54.21 .18 PROSTHETIST/ORTHOTISTS 5 7 1,048.71 149.82 .006 209.74 .85 PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 .00 .00 .00 .00 .00
PHYSICAL THERAPIST 0 0 .00
PORTABLE X-RAY 4 12 216.82 18.07 .010 54.21 .18 PROSTHETIST/ORTHOTISTS 5 7 1,048.71 149.82 .006 209.74 .85 PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 .00 .00 .00 .00 .00
PROSTHETIST/ORTHOTISTS 5 7 1,048.71 149.82 .006 209.74 .85 PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00
PROSTHETICS 5 7 1,048.71 149.82 .006 209.74 .85 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00
ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00
SPEECH AND AUDIOLOGY 13 54 2,012.65 37.27 .044 154.82 1.64
HOSPICE SERVICES 0 0 12.92 .00 .000 .00 .01
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00
LOCAL EDUCATION AGENCIES 56 5,632 14,530.09 2.58 4.590 259.47 11.84
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER PROVIDERS 44 14,507 3,507.22 .24 11.823 79.71 2.86
@CALIF. CHILDREN SERVICES* 50 28,015 \$ 51,801.02 \$ 1.85 22.832 \$ 1036.02 \$ 42.22
@XOVER EXCLUDING STATE HOSP** 195 1,292 \$ 60,669.26 \$ 46.96 1.053 \$ 311.12 \$ 49.45
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,609 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

1210211 0001111	001111111111111111111111111111111111111	VIOLE I OIL CILLII	D 1 0 1 1 D 1 D 1	1112 0022	• •		
					MON	THLY AVERA	GE
44,180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	33,419	922,773 \$	24,817,279.25	\$ 26.89	20.887 \$	742.61	\$ 561.73
@PHYSICIANS SERVICES	10,350	32,288 \$	1,296,357.44	\$ 40.15	.731 \$	125.25	\$ 29.34
OUTPATIENT VISITS	6,060	9,267	340,048.16	36.69	.210	56.11	7.70
OFFICE VISITS	4,422	6,319	195,084.79	30.87	.143	44.12	4.42
HOME VISITS	111	140	4,831.78	34.51	.003	43.53	.11
EMERGENCY ROOM	1,637	2,056	119,646.45	58.19	.047	73.09	2.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	25	2,107.90	84.32	.001	117.11	.05
OTHER OUTPATIENT	595	727	18,377.24	25.28	.016	30.89	.42
INPATIENT VISITS	579	2,786	131,186.76	47.09	.063	226.57	2.97
HOSPITAL VISITS	452	2,469	106,798.66	43.26	.056	236.28	2.42
CRITICAL CARE	34	132	18,010.34	136.44	.003	529.72	.41
SNF/ICF/TRANS IP CARE	132	185	6,377.76	34.47	.004	48.32	.14
OPHTHALMOLOGICAL SERVICES	98	122	4,774.46	39.13	.003	48.72	.11
EXAMINATIONS	96	120	4,718.00	39.32	.003	49.15	.11
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	290	1,776	167,572.80	94.35	.040	577.84	3.79
PRINCIPAL SURGEON	212	401	127,558.86	318.10	.009	601.69	2.89

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	37	39		7,946.70		203.76	.001		214.78		.18
ANESTHESIOLOGIST	115	1,336		32,067.24		24.00	.030		278.85		.73
OUTPATIENT SURGERY	712	1,512		140,346.52		92.82	.034		197.12		3.18
PRINCIPAL SURGEON	605	787		117,646.84		149.49	.018		194.46		2.66
ASSISTANT SURGEON	12	12		1,214.37		101.20	.000		101.20		.03
ANESTHESIOLOGIST	154 60	713 214		21,485.31		30.13 86.84	.016		139.52 309.73		.49 .42
DIALYSIS PATHOLOGY	677	1,197		18,583.56 20,530.07		17.15	.005 .027		309.73		.42
RADIOLOGY	2,359	4,590		229,580.44		50.02	.104		97.32		5.20
PSYCHIATRY	95	101		3,371.29		33.38	.002		35.49		.08
IMMUNIZATION AND INJECTION	312	956		18,421.65		19.27	.022		59.04		.42
OTHER SERVICES/ALL X-OVERS	3,904	9,767		221,941.73		22.72	.221		56.85		5.02
@PHARMACY	28,195		\$	12,721,926.85	\$	30.18	9.541	\$	451.21	\$	287.96
PRESCRIPTION DRUGS	27,976	125,016		11,631,957.08	•	93.04	2.830		415.78	-	263.29
SNF/ICF	813	7,397		423,062.36		57.19	.167		520.37		9.58
OUTPATIENTS	27,370	117,619		11,208,894.72		95.30	2.662		409.53		253.71
MEDICAL SUPPLIES	2,090	296,486		1,089,969.77		3.68	6.711		521.52		24.67
@DENTIST	2,773		\$		\$	42.64	.256	\$	173.69	\$	10.90
VISITS - DIAGNOSTIC	1,748	6,805		87,061.25		12.79	.154		49.81		1.97
ORAL SURGERY	374	988		44,147.50		44.68	.022		118.04		1.00
DRUGS	16 8	16		350.00		21.88	.000		21.88		.01
ANESTHESIA PERIODONTICS	142	8 165		800.00 22,732.00		100.00 137.77	.000		100.00 160.08		.02 .51
ENDODONTICS ENDODONTICS	183	256		58,519.00		228.59	.004		319.78		1.32
RESTORATIVE DENTISTRY	936	2,265		175,796.25		77.61	.051		187.82		3.98
PROSTHETICS	31	38		1,424.00		37.47	.001		45.94		.03
DENTURES, STAYPLATES	243	587		85,012.25		144.82	.013		349.84		1.92
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	4		1,390.00		347.50	.000		231.67		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	44	58		4,410.00		76.03	.001		100.23		.10
ALL OTHER SERVICES	54	106		.00		.00	.002		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	54 MEDI-CAL SERVI	106 CES AND EXPENDITURES	S MON	.00	EPOR'	.00	.002	DEC	.00	Pi	.00 AGE 9,610
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	54 MEDI-CAL SERVIC FEE-FOR-SERVIC	106 CES AND EXPENDITURES E/DENTAL		.00 ITH-OF-PAYMENT RE	EPOR'	.00 F FOR JAN 2	.002 2003 THRU	DEC	.00	Pi	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	54 MEDI-CAL SERVIC FEE-FOR-SERVIC	106 CES AND EXPENDITURES		.00 ITH-OF-PAYMENT RE	EPOR'	.00	.002 2003 THRU		.00		.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	54 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN		.00 TH-OF-PAYMENT RE		.00 I FOR JAN 2 AID CODE	.002 2003 THRU 60	IONT	.00 2003 THLY AVERA	.GE ·	.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	54 MEDI-CAL SERVIC FEE-FOR-SERVIC	106 CES AND EXPENDITURES E/DENTAL		.00 ITH-OF-PAYMENT RE	AV	.00 F FOR JAN 2	.002 2003 THRU 60 M UNITS/DAY	IONT S	.00 2003 THLY AVERA	GE ·	.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE		.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46	AV	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22	.002 2003 THRU 60 M UNITS/DAY	IONT S	.00 2003 CHLY AVERA COST PER USER 60.82	.GE ·	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501	NT -	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21	AVI PEI	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011	IONT S	.00 PALY AVERA COST PER USER 60.82 45.40	.GE ·	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345	NT -	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03	AVI PEI	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053	IONT S	.00 PALY AVERA COST PER USER 60.82 45.40 46.82	.GE ·	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004	IONT S ;	.00 PHLY AVERA COST PER USER 60.82 45.40 46.82 33.97	.GE - () \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84	AVI PEI	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008	IONT S ;	.00 PHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73	.GE - () \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008	IONT S ;	.00 PHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31	.GE - () \$.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 S 501 2,345 187 341 S 330 11	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007	IONT S \$ \$.00 PALY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18	.GE - (\$ \$.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000	IONT S \$ \$.00 2003 THLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49	.GE - (\$ \$.00 AGE 9,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.35 16.52 11.04 15.99 28.67	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000	IONT S \$ \$.00 PLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69	.GE - (\$ \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003	IONT S \$ \$.00 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00	.GE - (\$ \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003	IONT S \$ \$.00 PLANT AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30	.GE - (\$ \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000	IONT S ; \$.00 PLANT AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29	GE (.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003	IONT S \$ \$.00 PLANT AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30	.GE - (\$ \$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	54 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511 6,165	NT -	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000	ONTS;	.00 PHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10	GE :	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 111 6,165 144 0 0	NT -	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 .00	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00	.002 2003 THRU 60 MUNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .000 .012 .140 .003 .000 .000	ONTS;	.00 PHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00	GE :	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0 0 35	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 116 6,165 144 0 0 78	NT - 10 10 10 10 10 10 10 10 10 10 10 10 10	.00 ITH-OF-PAYMENT REDISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 .00 1,809.14	AVPE	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00 23.19	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .000 .012 .140 .003 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$.00 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00 .00 51.69	GE \$ \$ \$ \$ \$\$\$\$\$\$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0 0 35 5,097	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511 6,165 144 0 0 78 36,293	NT - 10 10 10 10 10 10 10 10 10 10 10 10 10	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 1,809.14 4,654,780.97	AVI PEI \$.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00 23.19 128.26	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .000 .012 .140 .003 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00 .00 51.69 913.24	GE : (1)	.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .00 .04 105.36
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0 0 35 5,097 557	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511 6,165 144 0 78 36,293 3,300	NT - 10 10 10 10 10 10 10 10 10 10 10 10 10	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 1,809.14 4,654,780.97 3,927,349.30	AVPE	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00 23.19 128.26 1190.11	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .012 .140 .003 .000 .000 .000 .012 .140 .003 .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$ \$ \$ \$.000 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00 51.69 913.24 7050.90	GE \$ \$ \$ \$ \$\$\$\$\$\$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .00 .04 105.36 88.89
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0 0 35 5,097 557 280	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511 6,165 144 0 78 36,293 3,300 1,939	NT - 10 10 10 10 10 10 10 10 10 10 10 10 10	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 1,809.14 4,654,780.97 3,927,349.30 2,322,087.13	AVPE	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00 23.19 128.26 1190.11 1197.57	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .012 .140 .003 .000 .000 .002 .821 .075 .044	IONT S \$ \$ \$ \$ \$ \$.000 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00 51.69 913.24 7050.90 8293.17	GE \$ \$ \$ \$ \$\$\$\$\$\$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .04 105.36 88.89 52.56
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 44,180 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	54 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,058 497 793 137 194 186 8 411 114 10 5 296 172 13 0 0 35 5,097 557	106 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 3,033 501 2,345 187 341 330 11 655 126 13 5 511 6,165 144 0 78 36,293 3,300	NT - 10 10 10 10 10 10 10 10 10 10 10 10 10	.00 ITH-OF-PAYMENT RE DISABLED EXPENDITURES 64,346.46 22,564.21 37,129.03 4,653.22 5,573.84 5,452.44 121.40 10,475.16 3,612.15 770.04 86.50 6,006.47 239,957.66 610.03 .00 1,809.14 4,654,780.97 3,927,349.30	AVPE	.00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.22 45.04 15.83 24.88 16.35 16.52 11.04 15.99 28.67 59.23 17.30 11.75 38.92 4.24 .00 .00 23.19 128.26 1190.11	.002 2003 THRU 60 M UNITS/DAY PER ELIG .069 .011 .053 .004 .008 .007 .000 .015 .003 .000 .012 .140 .003 .000 .000 .000 .012 .140 .003 .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$ \$ \$ \$.000 2 2003 CHLY AVERA COST PER USER 60.82 45.40 46.82 33.97 28.73 29.31 15.18 25.49 31.69 77.00 17.30 20.29 1395.10 46.93 .00 51.69 913.24 7050.90	GE \$ \$ \$ \$ \$\$\$\$\$\$.00 AGE 9,610 01/29/04 COST PER ELIGIBLE 1.46 .51 .84 .11 .13 .12 .00 .24 .08 .02 .00 .14 5.43 .01 .00 .00 .04 105.36 88.89

ADMINISTRATIVE DAYS	13	215	48,928.66	227.58	.005	3763.74	1.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	140	665	470,699.47	707.82	.015	3362.14	10.65
ANCILLARIES	151	0	978,390.10	.00	.000	6479.40	22.15
INPATIENT CROSSOVERS	145	481	107,243.94	222.96	.011	739.61	2.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,749	32,993	727,431.67	22.05	.747	153.18	16.47
MEDICAL	857	1,385	62,360.17	45.03	.031	72.77	1.41
SURGERY	312	351	16,461.15	46.90	.008	52.76	.37
PATHOLOGY	1,607	9,822	88,644.83	9.03	.222	55.16	2.01
RADIOLOGY	1,129	1,734	155,247.18	89.53	.039	137.51	3.51
ROOM USE	2,498	3,545	131,288.22	37.03	.080	52.56	2.97
CROSSOVERS/ALL OTH OUTPTNT	2,633	16,156	273,430.12	16.92	.366	103.85	6.19
@COUNTY HOSPITAL TOTAL	48	290	\$ 68,262.97	\$ 235.39	.007	\$ 1422.15	\$ 1.55
CO HOSPITAL INPATIENT TOTAL	7	70	61,316.29	875.95	.002	8759.47	1.39
HSC HOSPITALS	7	24	30,929.03	1288.71	.001	4418.43	.70

NON-HSC HOSPITALS TOTAL	1	46		30,387.26	660.59	.001	30387.26		.69
ACCOMMODATIONS	1	46		10,639.80	231.30	.001	10639.80		.24
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0 1 1 0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	46		10,639.80	231.30	.001	10639.80		.24
ANCILLARIES	1	0		19,747.46	.00	.000	19747.46		.45
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	44	220		6,946.68	31.58	.005	157.88		.16
MEDICAL	19	25		954.84	38.19	.001	50.25		.02
SURGERY	2	2		1,720.96	860.48	.000	860.48		.04
PATHOLOGY	19	104		1,447.82	13.92	.002	76.20		.03
RADIOLOGY	4	4		434.25	108.56	.000	108.56		.01
ROOM USE	31	48		1,686.26	35.13	.001	54.40		.04
CROSSOVERS/ALL OTH OUTPTNT		37		702.55	18.99	.001	58.55		.02
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R.	EPORT FOR JAN 2	2003 THRU L	DEC 2003	PF	GE 9,611
MOP024	FEE-FOR-SERVICE		- 2 2 TI		ATD CODE	60			01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH G	KAN'I	- DISABLED	AID CODE		NTITITE 7. TITITE	O.D.	
44,180 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		NTHLY AVERA		COST PER
44,100 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,060	36,003	\$	4,586,518.00	\$ 127.39	.815		Ģ.	103.81
COMM HOSP INPATIENT TOTAL	552	3,230	Ą	3,866,033.01	1196.91	.073	7003.68	Ą	87.51
HSC HOSPITALS	275	1,915		2,291,158.10	1196.43	.043	8331.48		51.86
NON-HSC HOSPITALS TOTAL	150	834		1,467,630.97	1759.75	.019	9784.21		33.22
ACCOMMODATIONS	150	834		508,988.33	610 30	.019	3393.26		11.52
ADMINISTRATIVE DAYS	13	215		48,928.66	610.30 227.58	.005	3763.74		1.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	139	619		460,059.67	743.23	.014	3309.78		10.41
ANCILLARIES	150	0		958,642.64	.00	.000	6390.95		21.70
INPATIENT CROSSOVERS		481		107,243.94	222.96	.011	739.61		2.43
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,713	32,773		720,484.99	21.98	.742	152.87		16.31
MEDICAL	839	1,360		61,405.33	45.15	.031	73.19		1.39
SURGERY	310	349		14,740.19	42.24	.008	47.55		.33
PATHOLOGY	1,589	9,718		87,197.01	8.97	.220	54.88		1.97
RADIOLOGY	1,125	1,730		154,812.93	89.49	.039	137.61		3.50
ROOM USE	2,473	3,497		129,601.96	37.06	.079	52.41		2.93
CROSSOVERS/ALL OTH OUTPTNT		16,119		272,727.57	16.92	.365	103.94		6.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	383	10,557	\$	1,312,680.90			\$ 3427.37	\$	29.71
LEV A-INTERMEDIATE	2	86		6,512.44	75.73	.002	3256.22		.15
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	381	10,471		.00 1,306,168.46 812,598.63	.00 124.74	.000 .237	.00 3428.26		.00 29.56
LEV B-REGULAR	153		ب.	010 500 63	\$ 168.87			\$	18.39
@INTERMEDIATE CARE FACILDD ICF DDH	58	4,812 1,741	\$	812,598.63 251,787.17	144.62	.109 .039	\$ 5311.10 4341.16	Ą	5.70
ICF DDH	0	1,741		.00	.00	.000	.00		.00
ICF DDN/DDCN	95	3,071		560,811.46	182.62	.070	5903.28		12.69
@HEMODIALYSIS TOTAL	144	3,671	\$	162,231.49	\$ 44.19		\$ 1126.61	\$	3.67
HOSPITAL BASED	0	0	٧	.00	.00	.000	.00	Y	.00
HEMODIALYSIS CENTER	144	3,671		162,231.49	44.19	.083	1126.61		3.67
@REHABILITATION FACILITY	33	250	\$	5,164.10	\$ 20.66		\$ 156.49	\$.12
HOSPITAL BASED	14	50	r	1,845.34	36.91	.001	131.81	•	.04
INDEPENDENT FACILITY	19	200		3,318.76	16.59	.005	174.67		.08
@LABORATORY FACILITY	2,009	9,744	\$	124,429.24	\$ 12.77	.221		\$	2.82
	•	•		•					

XO AND OTHERS	1,996	9,712		124,341.03		2.76	.001		6 70		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	13	32	۲.	88.21	ب.	2.70	.UUI	۲,	6.79 230.75	۲,	
@ORGANIZED OUTPATIENT CLINIC	4,10/	7,232	Ą	16 267 A2	Ą	132.90	016	Ą	430.75 60 17	Ą	.37
CLINIC	70	200		15 021 42		22.92 E1 E2	.010		227 45		.36
SURGICENTER	70	117		1 205 41		11 01	.007		107 02		.03
HEROIN DEIOX CLINIC	2 050	(002		1,385.41		11.84	.003		197.92		21.00
RURAL HEALTH CLINIC	3,850	6,092	G MO	927,881.08		152.31	138	חחמ	241.01	_	
WODOO4	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NIH-OF-PAYMENI RE	PORI	FOR JAN 2	2003 IHRU	DEC	2003	Р	AGE 9,612
MOP024	FEE-FOR-SERVICE	/DENTAL TICES FOR CASH GRA	NTCT1	DICADIED		ATD CODE	60				01/29/04
									א כוד זו א א זוד א	C F	
44.180 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITUIDEC	7 7 7 777			ONI	HLI AVEKA	GE	COST PER
44,180 ELIGIBLES	USEKS	UNIIS OF SERVICE		EXPENDITURES	AVE.	RAGE COSI	UNIIS/DAY	5	COSI PER		ELIGIBLE
eall omited providence	F 736	OR DAYS OF CARE	4	1 061 130 75	PER	UNII/DAY	0 401	٠,	USEK	۲,	TTTGTBTF
WALL OTHER PROVIDERS	5,/30	3/4,/12	Þ	1,901,139.75	Þ	5.∠3 130 F0	8.481	Þ	341.90	Þ	44.39
DURABLE MED. EQUIP.	551	2,564		357,905.48		139.59	.058		649.56		8.10
RECOR RANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	29	54		9,429.59		2//.34	.001		325.16 197.21		.21
MEDICAL TRANSPORTATION	1,254	51,860		247,306.19		4.//	1.1/4		197.21		5.60
AMBULANCES/AIR TRANS	815	7,447		101,799.24		13.67	.169		124.91 283.75		2.30
OTHER TRANS	459	44,082		130,243.41		2.95	.998		283.75		2.95
OTHER SERVICES	31	331		15,263.54		46.11	.007		492.37		.35
ACUPUNCTURE	_25	59		1,065.08		18.05	.001		492.37 42.60 1154.07 96.67		.02
ADULT DAY HEALTH CARE CTR	550	9,140		634,740.47		69.45	.207		1154.07		14.37
GENETIC DISEASE TESTING	12	12		1,160.00		96.67	.000		96.67		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	106	4,661		171,811.50		36.86	.106		1620.86		3.89
OCCUPATIONAL THERAPIST	19	288		1,636.94		5.68	.007		86.15		.04
OPTICIAN	864	1,986		22,253.04		11.20	.045		25.76		.50
PHYSICAL THERAPIST	8	63		685.84		10.89	.001		85.73		.02
PORTABLE X-RAY	39	85		1,291.16		15.19	.002		33.11 344.55		.03
PROSTHETIST/ORTHOTISTS	113	314		38,933.86		123.99	.007		344.55		.88
PROSTHETICS	108	303		38,252.96		126.25	.007		354.19		.87
ORTHOTICS	6	11		680.90		61.90	.000		113.48		.02
PSYCHOLOGIST	17	32		570.13		17.82	.001		33.54		.01
SPEECH AND AUDIOLOGY	835	3,562		153,231.74		43.02	.081		183.51		3.47
HOSPICE SERVICES	24	649		84,210.19		129.75	.015		3508.76		1.91
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	589	42,909		108,023.85		2.52	.971		183.40		2.45
EPSDT SUPPLEMENTAL SERVICE	3	152		4,470.32		29.41	.003		1490.11		.10
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	1,255	256,342		122,414.37		.48	5.802		97.54		2.77
@CALIF. CHILDREN SERVICES*	592	41,268	\$	803,326.62	\$	19.47	.934	\$	1356.97	\$	18.18
@XOVER EXCLUDING STATE HOSP**	4,433	36,598	\$	552,710.21	\$	15.10	.828	\$	124.68	\$	12.51
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPAR	ATE INFORMATION IT	EM O	NLY;	•						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL L	INES	ABOVE.							
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV				NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Ρ	AGE 9,613
MOP024	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	3 35	40 42 3A-3M 3P 3	3R 3U	3W 4C-4G					
							M	ONT	HLY AVERA	GE	
39,255 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18,760		\$	4,104,781.98	\$	46.87	2.231		218.81	\$	104.57
@PHYSICIANS SERVICES	8,629		\$	744,317.40	\$	40.47	.468	\$	86.26	\$	18.96
OUTPATIENT VISITS	7,207	9,698		344,991.76	-	35.57	.247	·	47.87		8.79
OFFICE VISITS	5,193	6,632		207,438.37		31.28	.169		39.95		5.28
HOME VISITS	2	2		64.91		32.46	.000		32.46		.00
EMERGENCY ROOM	1,654	1,923		96,066.84		49.96	.049		58.08		2.45
PREVENTIVE CARE	4	3		144.35		48.12	.000		36.09		.00
OB VISITS/COMPRE PERI	174	300		21,009.65		70.03	.008		120.75		.54
				,							

PATHOLOGY

1,996

9,712

124,341.03

12.80

.220

62.30

2.81

OTHER OUTPATIENT 769 838 20,267.64 24.19 .021 26.36 INPATIENT VISITS 177 543 35,377.03 65.15 .014 199.87 HOSPITAL VISITS 171 471 23,281.27 49.43 .012 136.15 CRITICAL CARE 15 72 12,095.76 168.00 .002 806.38 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 39 52 1,929.58 37.11 .001 49.48	.52
INPATIENT VISITS 177 543 35,377.03 65.15 .014 199.87 HOSPITAL VISITS 171 471 23,281.27 49.43 .012 136.15 CRITICAL CARE 15 72 12,095.76 168.00 .002 806.38 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00	
HOSPITAL VISITS 171 471 23,281.27 49.43 .012 136.15 CRITICAL CARE 15 72 12,095.76 168.00 .002 806.38 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00	.90
CRITICAL CARE 15 72 12,095.76 168.00 .002 806.38 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.59
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.31
	.00
	.05
	.05
	.00
INPATIENT HOSPITAL SURGERY 189 897 114,560.72 127.72 .023 606.14	2.92
PRINCIPAL SURGEON 120 147 92,287.87 627.81 .004 769.07	2.35
ASSISTANT SURGEON 18 18 3,147.36 174.85 .000 174.85	.08
ANESTHESIOLOGIST 82 732 19,125.49 26.13 .019 233.24	.49
OUTPATIENT SURGERY 566 1,076 72,951.11 67.80 .027 128.89	1.86
PRINCIPAL SURGEON 485 584 58,747.00 100.59 .015 121.13	1.50
ASSISTANT SURGEON 7 7 621.13 88.73 .000 88.73	.02
ANESTHESIOLOGIST 116 485 13,582.98 28.01 .012 117.09	.35
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 846 1,030 11,909.02 11.56 .026 14.08	.30
RADIOLOGY 1,510 2,123 97,916.92 46.12 .054 64.85	2.49
PSYCHIATRY 85 94 3,100.12 32.98 .002 36.47	.08
IMMUNIZATION AND INJECTION 173 386 11,518.65 29.84 .010 66.58	.29
	1.28
PRESCRIPTION DRUGS 9,126 20,585 1,100,458.47 53.46 .524 120.58	28.03
SNF/ICF 10 47 1.297.61 27.61 .001 129.76	.03
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48	28.00
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38	.55
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35	.55 \$ 13.30
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35 \$100.48 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76	.55 \$ 13.30 3.58
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35	.55 \$ 13.30 3.58 1.02
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35	.55 \$ 13.30 3.58 1.02 .14
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35 \$100.00 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38	.55 \$ 13.30 3.58 1.02 .14
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35	.55 \$ 13.30 3.58 1.02 .14 .03
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66	.55 \$ 13.30 3.58 1.02 .14 .03
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,662.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 06.76 0RAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 90.38 .000 172.30 .001 178.92 .000 .001 .001 172.30 .001 172.92 .006 .289.29 .006 .289.29 .006 .289.29 .00	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ 168.35 \$ 169.35 \$ 168.35 \$ 169.35 \$ 119.35 \$ 169.35 \$ 169.35 \$ 169.35 \$ 140.469.59 \$ 14.95 \$ 239 \$ 65.76 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95 \$ 66.95	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 522,062.42 \$35.08 .379 \$168.35 \$168.35 \$168.35 \$176 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 66.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 1	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4,93 .112 150.38 eDENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 .379 \$ 168.35 \$ 10.00 \$ 14.00.00 \$.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04
OUTPATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4,93 112 150.38 @DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 3.79 \$ 168.35 \$.379 \$ 168.35 \$.379 \$ 168.35 \$.379 \$ 168.35 \$.379 \$ 168.35 \$.379 \$.370 \$.702 \$.40,005.25 \$.56.99 \$.018 \$.006 \$.239 \$.65.76 ORAL SURGERY \$.370 \$.702 \$.40,005.25 \$.56.99 \$.018 \$.006 \$.26 \$.27 \$.4,652.00 \$.141 \$.006 \$.26 \$.95 ANESTHESIA \$.13 \$.13 \$.1,175.00 \$.90.38 \$.000 \$.90.38 PERIODONTICS \$.26 \$.27 \$.4,652.00 \$.172.30 \$.001 \$.178.92 ENDODONTICS \$.308 \$.619 \$.89,102.50 \$.143.95 \$.016 \$.289.29 RESTORATIVE DENTISTRY \$.1,204 \$.3,489 \$.209,087.80 \$.59.93 \$.089 \$.173.66 PROSTHETICS \$.8 \$.9 \$.250.00 \$.27.78 \$.000 \$.31.25 DENTURES, STAYPLATES \$.24 \$.82 \$.8,944.00 \$.109,07 \$.002 \$.372.67 SPACE MAINTAINERS \$.32 \$.40 \$.4,416.00 \$.10,40 \$.001 \$.138.00 MAXILLOFACIAL SERVICES \$.11 \$.11 \$.797.00 \$.72.45 \$.000 \$.00 ORTHODONTIC SERVICES \$.130 \$.163 \$.17,243.28 \$.105.79 \$.004 \$.132.64 ALL OTHER SERVICES \$.89 \$.85 #CALIF DEPT OF HEALTH SERV MOPO24 PLACER COUNTY **MOPO24** PLACER COUNTY **MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04
OUTPATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 112 150.38 ©DENTIST 3,101 14,883 \$ 522,062.42 \$ 35.08 3.79 \$ 168.35 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 13 13 1,175.00 90.38 PERIODONTICS 266 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 6619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78 .000 31.25 DENTURES, STAYPLATES 324 82 8,944.00 109.07 .002 372.67 SPACE MAINTAINERS 32 40 4,416.00 110.40 .001 138.00 MAXILLOFACIAL SERVICES 11 11 11 797.00 72.45 FRACTURES, DISLOCATIONS 0 0 ORTHODONTIC SERVICES 130 163 17,243.28 105.79 .004 132.64 ALL OTHER SERVICES 130 MEDICAL SERVICES FOR CGF 30-33 35 40 42 34.28 AVERAGE COST UNITS/DAYS COST PER MONTHLY AVERAGI 39,255 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E
OUTPATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4,93 31.12 150.38 @DENTIST 3,101 14,883 \$522,062.42 \$35.08 37,9 \$168.35 VISITS - DIAGNOSTIC 2,136 0702 40,005.25 56.99 .018 108.10 108.25 ANESTHESIA 13 13 13 1,175.00 90.38 PERIODONTICS ENDODONTICS 266 27 4,652.00 172.30 .001 178.92 ENDODONTICS 28 8 9 29,087.80 59,93 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59,93 ROBONTURES, STAYPLATES 24 82 8,944.00 109.07 .002 372.67 SPACE MAINTAINERS 32 40 4,416.00 110.40 .001 138.00 MAXILLOFACIAL SERVICES 11 11 797.00 72.45 FRACTURES, DISLOCATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E
OUTPATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 31,01 14,883 522,062.42 35.08 379 168.35 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 13 1,175.00 90.38 .000 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 RESTORATIVE DENTISTRY 1,204 3,489 209,087.80 59.93 .089 173.66 PROSTHETICS 8 9 250.00 27.78 .000 31.25 DENTURES, STAYPLATES 24 82 8,944.00 109.07 .002 .003 .001 .138.00 MAXILLOFACIAL SERVICES 11 11 11 797.00 72.45 .000 .00 .00 .00 .00 .00 .00 .00 .00 .	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E
OUTDATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 21,654.41 4.93 3101 14,883 522,062.42 \$35.08 379 \$168.35 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 0.18 108.12 DRUGS 197 248 5,310.00 21.41 0.06 26.95 ANESTHESIA 13 13 13 13 1,175.00 90.38 0.000 90.38 PERIODONTICS 26 27 4,652.00 172.30 0.001 178.92 ENDODONTICS 308 619 89,102.50 172.30 0.001 178.92 ENDODONTICS 308 619 89,102.50 172.30 0.001 178.92 ENDOTOMETISTRY 1,204 3,489 209,087.80 59.93 0.89 173.66 PROSTHETICS 88 9 250.00 27.78 000 31.25 DENTURES, STAYPLATES 24 82 8,944.00 109.07 002 372.67 SPACE MAINTAINERS 32 40 4,416.00 110.40 0.001 138.00 0RTHODONTIC SERVICES FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 11 11 17 797.00 72.45 FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 11 11 11 797.00 72.45 FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 4130 163 17,243.28 105.79 004 132.64 ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MODO24 PLACER COUNTY MEDICAL SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E
OUTPATIENTS 9,123 20,538 1,099,160.86 53.52 .523 120.48 MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 .112 150.38 @DENTIST 3,101 14,883 \$522,062.42 \$35.08 .379 168.35 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 .239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 .018 108.12 DRUGS 197 248 5,310.00 21.41 .006 26.95 ANESTHESIA 13 13 1,175.00 90.38 .000 90.38 PERIODONTICS 26 27 4,652.00 172.30 .001 178.92 ENDODONTICS 308 619 89,102.50 143.95 .016 289.29 ENSTORATIVE DENTISTRY 1,204 3,489 209,087.80 59,93 .089 173.66 PROSTHETICS 8 9 250.00 27.78 .000	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E
OUTDATIENTS MEDICAL SUPPLIES 144 4,392 21,654.41 4.93 21,654.41 4.93 3101 14,883 522,062.42 \$35.08 379 \$168.35 VISITS - DIAGNOSTIC 2,136 9,395 140,469.59 14.95 239 65.76 ORAL SURGERY 370 702 40,005.25 56.99 0.18 108.12 DRUGS 197 248 5,310.00 21.41 0.06 26.95 ANESTHESIA 13 13 13 13 1,175.00 90.38 0.000 90.38 PERIODONTICS 26 27 4,652.00 172.30 0.001 178.92 ENDODONTICS 308 619 89,102.50 172.30 0.001 178.92 ENDODONTICS 308 619 89,102.50 172.30 0.001 178.92 ENDOTOMETISTRY 1,204 3,489 209,087.80 59.93 0.89 173.66 PROSTHETICS 88 9 250.00 27.78 000 31.25 DENTURES, STAYPLATES 24 82 8,944.00 109.07 002 372.67 SPACE MAINTAINERS 32 40 4,416.00 110.40 0.001 138.00 0RTHODONTIC SERVICES FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 11 11 17 797.00 72.45 FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 11 11 11 797.00 72.45 FRACTURES, DISLOCATIONS 0RAXILLOFACIAL SERVICES 4130 163 17,243.28 105.79 004 132.64 ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MODO24 PLACER COUNTY MEDICAL SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	.55 \$ 13.30 3.58 1.02 .14 .03 .12 2.27 5.33 .01 .23 .11 .02 .00 .44 .02 PAGE 9,614 01/29/04 E

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7

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11

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46

41

7

6

6

2,332.44

3,171.00

1,681.90

733.78

130.62

624.70

.00

16.54

44.66

36.56

18.66

56.79

104.83

.00

.004

.000

.001

.000

.000

.000

.002 \$

26.81

41.02

21.77

104.83

104.12

.00

68.93 \$

.06

.00

.08

.04

.02

.00

.02

VISITS

OTHER

@PODIATRIST

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

MEDICINE/INJECTIONS

@HOME HEALTH AGENCY	18	51	\$	3,242.61	Ś	63.58	.001	\$	180.15	\$.08
NURSE ANESTHESIST	0	0	r S	.00	Š	.00	.000		.00	\$.00
NURSE MIDWIFE	0	0 4	Ϋ́	.00	٠ ب	.00	.000		.00		.00
	0	0 .	ې ک	.00	Ď,	.00					
PEDIATRIC NURSE PRACTITIONER	. 0	0 3 0 3 11,278 3	Ş	.00 .00 1,043,306.83	Ş	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0 :	Ş	.00	Ş	.00	.000		.00		.00
@TOTAL HOSPITAL	0 3,243	11,278	\$	1,043,306.83	\$	92.51	.287	\$	321.71	\$	26.58
HOSP INPATIENT TOTAL	192 139	585		767,551.45		1312.05 1214.26	.015		3997.66		19.55
HSC HOSPITALS	139	413		501,488.47		1214.26	.011		3607.83		12.78
NON-HSC HOSPITAL TOTAL	53	172 172 0				1546.88	.004		5020.06		6.78
	23	172		104 121 05							
ACCOMMODATIONS	52	1/2		104,131.95		605.42	.004		2002.54		2.65
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	Ü	0		266,062.98 104,131.95 .00 .00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0 0 52 53	0 0 172		104,131.95 161,931.03		605.42	.004		2002.54		2.65
ANCILLARIES	53	172 0 0 0 10,693 498		161,931.03		.00 .00 .00 25.79 27.40	.000		3055.30		4.13
INPATIENT CROSSOVERS	0	0		0.0		0.0	.000		.00		.00
ALL OTHER INPATIENT	Ů.	0		.00		00	.000		.00		.00
IIOCD OURDARTENT ROTAL	0 0 3,138	10 603		275 755 20		25 70	.272		87.88		7.02
HOSP OUTPATIENT TOTAL	3,138	10,693		4/5,/55.38		25.79					
MEDICAL	376	498		13,644.47		27.40	.013		36.29		.35
SURGERY	293 932	324 3,592		10,023.94		33.41	.008		36.95		.28
PATHOLOGY	932	3,592		36,923.14		10.28	.092		39.62		.94
RADIOLOGY	826	1,056		60,565.70		57.35	.027		73.32		1.54
ROOM USE	826 2,546	1,056 3,095		60,565.70 119,299.91		38.55	.079		46.86		3.04
CROSSOVERS/ALL OTH OUTPINT	1 100	2,128		34,496.22			.054		31.11		.88
CROSSOVERS/ALL OII OUTFINI	1,109		ė.					Ċ.		4	
@COUNTY HOSPITAL TOTAL	0	32	Þ		\$.001	Þ	132.24	Þ	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		. 0.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00					
ANCILLARIES	U	0 0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	32		793.46		24.80	.001		132.24		.02
MEDICAL	2 2 2	2 4 13 0		94.14		47.07	.000		47.07		.00
SURGERY	2	4		113.34		28.34	.000		56.67		.00
PATHOLOGY	2	1 2		204.23		15.71	.000		102.12		.01
	2	13									
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3			311.68		51.95	.000		103.89		.01
CROSSOVERS/ALL OTH OUTPTNT		7		70.07		10.01	.000		23.36		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONT	'H-OF-PAYMENT RI	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 9,615
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR CGF 30-33	3 35 4	0 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					
							M	ONT	HLY AVERA	.GE	
39,255 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	1	COST PER
,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,238		\$	1,042,513.37	\$.286				
COMM HOSP INPATIENT TOTAL	192	585				1312.05					
HSC HOSPITALS	139	413		501,488.47		1214.26	.011		3607.83		12.78
NON-HSC HOSPITALS TOTAL	53	172		266,062.98		1546.88	.004		5020.06		6.78
ACCOMMODATIONS	52	172		104,131.95		605.42	.004		2002.54		2.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	52	172		104,131.95		605.42	.004		2002.54		2.65
	53										
ANCILLARIES		0		161,931.03		.00	.000		3055.30		4.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,133	10,661		274,961.92		25.79	.272		87.76		7.00
MEDICAL	374	496		13,550.33		27.32	.013		36.23		.35

SURGERY PATHOLOGY RADIOLOGY	291 930 826	320 3,579 1,056	10,712.60 36,718.91 60,565.70	33.48 10.26 57.35	.008 .091 .027	36.81 39.48 73.32	.27 .94 1.54
ROOM USE	2,544	3,089	118,988.23	38.52	.079	46.77	3.03
CROSSOVERS/ALL OTH OUTPTNT	1,106	2,121	34,426.15	16.23	.054	31.13	.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2	\$	1,167.90	\$	583.95	.000	\$	583.95	\$.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		1,167.90		583.95	.000		583.95		.03
@REHABILITATION FACILITY	5	16	\$	427.34	\$	26.71	.000	\$	85.47	\$.01
HOSPITAL BASED	4	13		363.77		27.98	.000		90.94		.01
INDEPENDENT FACILITY	1	3		63.57		21.19	.000		63.57		.00
@LABORATORY FACILITY	1,262	4,133	\$	60,235.78	•	14.57	.105	\$	47.73	\$	1.53
PATHOLOGY	1,262	4,133		60,235.78		14.57	.105		47.73		1.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,141	4,264	\$	459,732.86	\$	107.82	.109	\$	214.73	\$	11.71
CLINIC	633	1,787		49,036.36		27.44	.046		77.47		1.25
SURGICENTER	39	247		6,736.16		27.27	.006		172.72		.17
HEROIN DETOX CLINIC	1	8		120.21		15.03	.000		120.21		.00
RURAL HEALTH CLINIC	1,506	2,222		403,840.13		181.75	.057		268.15		10.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	TURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,616
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR CGF 3	30-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G	3				

						MC	ONTHLY AVERA	GE	
39,255 ELIGIBLES	USERS U	NITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	1,590	7,778	\$	105,017.91	\$ 13.50	.198	\$ 66.05	\$ 2.68	
DURABLE MED. EQUIP.	93	185		14,929.21	80.70	.005	160.53	.38	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	251	2,687		39,983.49	14.88	.068	159.30	1.02	
AMBULANCES/AIR TRANS	247	2,477		31,092.66	12.55	.063	125.88	.79	
OTHER TRANS	3	205		340.83	1.66	.005	113.61	.01	
OTHER SERVICES	5	5		8,550.00	1710.00	.000	1710.00	.22	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	32	33		3,415.00	103.48	.001	106.72	.09	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	408	860		7,821.88	9.10	.022	19.17	.20	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	12	14		1,094.52	78.18	.000	91.21	.03	
PROSTHETICS	11	13		1,069.52	82.27	.000	97.23	.03	
ORTHOTICS	1	1		25.00	25.00	.000	25.00	.00	
PSYCHOLOGIST	1	10		569.77	56.98	.000	569.77	.01	
SPEECH AND AUDIOLOGY	48	100		4,148.38	41.48	.003	86.42	.11	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	767	3,679		32,415.30	8.81	.094	42.26	.83	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4	210		640.36	3.05	.005	160.09	.02	
@CALIF. CHILDREN SERVICES*	201	1,622	\$	203,245.37	\$ 125.31	.041		\$ 5.18	
@XOVER EXCLUDING STATE HOSP**	6	17	\$	1,576.09	\$ 92.71	.000	\$ 262.68	\$.04	
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARAT	E INFORMATION	TTEM	ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MONIBULL ALTERACE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

93,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	59,710 20,355	1,290,620 \$	32,622,385.41	\$ 25.28	13.767 \$	546.35	\$ 347.99
@PHYSICIANS SERVICES	20,355	53,984 \$	2,118,639.50	\$ 39.25	.576 \$	104.08	
OUTPATIENT VISITS	13,488	19,280	695,115.88	36.05	.206	51.54	7.41
OFFICE VISITS	9,807	13,220	410,283.20	31.04	.141	41.84	4.38
HOME VISITS	113	142	4,896.69	34.48	.002	43.33	.05
EMERGENCY ROOM	3,319	4,013	217,706.45	54.25	.043	65.59	2.32
PREVENTIVE CARE	4	3	144.35	48.12	.000	36.09	.00
OB VISITS/COMPRE PERI	192	325	23,117.55	71.13	.003	120.40	. 25
OTHER OUTPATIENT	1,376	1,577	38,967.64	24.71	.017	28.32	.42
INPATIENT VISITS	781	3,385	168,966.15	49.92	.036	216.35	1.80
HOSPITAL VISITS	637	2,981	132,001.49	44.28	.032	207.22	1.41
CRITICAL CARE	49	204	30,106.10	147.58	.002	614.41	.32
SNF/ICF/TRANS IP CARE	143 148	200 187	6,858.56	34.29	.002	47.96	.07
OPHTHALMOLOGICAL SERVICES	148	181	7,243.52 7,141.06	38.74 39.45	.002 .002	48.94 50.29	.08 .08
EXAMINATIONS	6	6	102.46	17.08	.002	17.08	.00
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	483	2,684	284,176.42	105.88	.029	588.36	3.03
PRINCIPAL SURGERI	336	552	221,715.63	401.66	.006	659.87	2.37
ASSISTANT SURGEON	55	57	11,094.06	194.63	.001	201.71	.12
		2,075	51,366.73	24.76	.022	259.43	.55
OUTPATIENT SURGERY	1.299	2,641	222,749.51	84.34	.028	171.48	2.38
PRINCIPAL SURGEON	198 1,299 1,107	1,396	184,663.96	132.28	.015	166.81	1.97
ASSISTANT SURGEON	20	20	2,067.82	103.39	.000	103.39	.02
ANESTHESIOLOGIST	277	1,225	36,017.73	29.40	.013	130.03	.38
DIALYSIS	61	220	18,683.28	84.92	.002	306.28	.20
PATHOLOGY	1,551	2,261	32,685.30	14.46	.024	21.07	.35
RADIOLOGY	3,935	6,812	336,049.20	49.33	.073	85.40	3.58
PSYCHIATRY	182	197	6,537.37	33.18	.002	35.92	.07
IMMUNIZATION AND INJECTION	490	1,351	30,028.07	22.23 21.14	.014	61.28	.32
OTHER SERVICES/ALL X-OVERS	5,719 43,982	14,966	316,404.80		.160	55.33	3.38
@PHARMACY	43,982	574,377 \$		\$ 27.00	6.127 \$		
PRESCRIPTION DRUGS	43,607	170,308	14,327,192.16	84.13	1.817	328.55	152.83
SNF/ICF	1,125	9,381	531,289.82	56.63	.100	472.26	5.67
OUTPATIENTS	42,725	160,927	13,795,902.34	85.73	1.717	322.90	147.16
	2,860	404,069	1,181,174.57	2.92	4.310	413.00	12.60
@DENTIST	6,312	27,842 \$		\$ 39.17	.297 \$		
VISITS - DIAGNOSTIC	4,126	17,071	237,835.34	13.93	.182	57.64	2.54
ORAL SURGERY	812 214	1,904 265	94,478.75 5,685.00	49.62 21.45	.020 .003	116.35 26.57	1.01 .06
DRUGS ANESTHESIA	214	21	1,975.00	94.05	.003	94.05	.02
PERIODONTICS	188	213	29,984.00	140.77	.002	159.49	.32
ENDODONTICS	508	901	153,252.50	170.09	.010	301.68	1.63
RESTORATIVE DENTISTRY	2,255	6,024	406,740.05	67.52	.064	180.37	4.34
PROSTHETICS	49	57	2,024.00	35.51	.001	41.31	.02
DENTURES, STAYPLATES	377	906	129,705.25	143.16	.010	344.05	1.38
SPACE MAINTAINERS	32	40	4,416.00	110.40	.000	138.00	.05
MAXILLOFACIAL SERVICES	17	15	2,187.00	145.80	.000	128.65	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	174	221	21,653.28	97.98		124.44	.23
ALL OTHER SERVICES	152	204		3.36		4.51	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	003 THRU DEC	2003	PAGE 9,618
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	Γ - TOTAL				
					MONT		
93,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,833	5,228 \$	115,494.10		.056 \$	63.01	•
DIAGNOSTIC AND ANC. PROCED	965	973	44,334.52	45.56	.010	45.94	.47

EYE APPLIANCES	1,353	3,962		63,405.38		16.00	.042	46.8		.68
OTHER OPTOMETRIC SERVICES	209	293		7,754.20		26.46	.003	37.1		.08
@CHIROPRACTOR	289	497	\$	8,157.08	\$.005			
VISITS	280	485		8,018.96		16.53	.005	28.6		.09
WCHIROPRACIOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	9	12	_	138.12	_	11.51	.000	15.3		.00
@PODIATRIST	603	916	\$	15,687.33	\$	17.13	.010	\$ 26.0	2 \$	
MEDICINE/INJECTIONS	164	181		5,550.35		30.66	.002	33.8		.06
SURGERY/ANES.	18	21		1,522.82		72.52	.000	84.6		.02
RADIO./PATHOLOGY	11	12		217.12		18.09	.000	19.7		.00
OTHER	440 191	702	ė.	8,397.04	Ċ	11.96	.007	19.0		.09
@HOME HEALTH AGENCY	16	6,223 177	Ş	243,700.92	\$	39.16		\$ 1275.9		
NURSE ANESTHESIST NURSE MIDWIFE	0	0	ې ې	685.61 .00	\$ \$	3.87 .00	.002		o \$	
DEDIATOR MIDGE DOACTITIONED	0	0	Ģ	.00	\$.00	.000		0 \$	
FAMILY NURSE PRACTITIONER	35	0 0 78 51,712	Ġ Ÿ	1,809.14	4	23.19	.001			
@TOTAL HOSPITAL	8 858	51 712	\$	6,132,509.69	Š	118.59	.552			
HOSP INPATIENT TOTAL	848	4,364	٧	5,070,418.52	۲	1161.87	.047	5979.2	- '	54.09
HSC HOSPITALS	448	2,512		3,005,892.37		1196.61	.027	6709.5		32.06
NON-HSC HOSPITAL TOTAL	216	1,119		1,915,361.46		1711.67	.012	8867.4		20.43
ACCOMMODATIONS	215	1,119		663,759.08		593.17	.012	3087.2		7.08
ADMINISTRATIVE DAYS	14	216		49,159.96		227.59	.002	3511.4		.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	203	903		614,599.12		680.62	.010	3027.5		6.56
ANCILLARIES	216	0		1,251,602.38		.00	.000	5794.4	6	13.35
INPATIENT CROSSOVERS	204	733		149,164.69		203.50	.008	731.2		1.59
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
HOSP OUTPATIENT TOTAL	8,319	47,348		1,062,091.17		22.43	.505	127.6		11.33
MEDICAL	1,244	1,900		76,635.22		40.33	.020	61.6		.82
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ©TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	612	682		28,004.56		41.06	.007	45.7		.30
PATHOLOGY	2,557	13,495		126,454.36		9.37	.144	49.4		1.35
RADIOLOGY	1,978 5,086 4,138 55 7 7 1 1 0 0 0 1 1 1 0 0 0 51 21 4 21 4 21 4 34 16 MEDI-CAL SERVIC	2,823		217,646.28		77.10	.030	110.0		2.32
ROOM USE	5,086	6,698 21,750		253,165.95		37.80	.071	49.7		2.70
CROSSOVERS/ALL OTH OUTPTNT	4,138	21,750		360,184.80	4	16.56	.232	87.0	4	3.84
@COUNTY HOSPITAL TOTAL	55	323 70	\$	69,061.10	Ş	213.81		\$ 1255.6 8759.4	6 4	
CO HOSPITAL INPATIENT TOTAL	7	70 24		61,316.29 30,929.03		875.95	.001 .000	4418.4		.65 .33
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	1	46		30,387.26		1288.71 660.59 231.30	.000	30387.2		.33
ACCOMMODATIONS	<u> </u>	46		10,639.80		231.30	.000	10639.8		.11
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		0.0		.00	.000	.0		.00
ALL OTHER ACCOM	1	46		10,639.80		231.30	.000	10639.8		.11
ANCILLARIES	1	46 0 0		19,747.46		.00	.000	19747.4		.21
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	. 0		.00
CO HOSP OUTPATIENT TOTAL	51	253		7,744.81		30.61	.003	151.8		.08
MEDICAL	21	27		1,048.98		38.85	.000	49.9	5	.01
SURGERY	4	6		1,834.30		305.72	.000	458.5	8	.02
PATHOLOGY	21	117		1,652.05		14.12	.001	78.6		.02
RADIOLOGY	4	4		434.25		108.56	.000	108.5	6	.00
ROOM USE	34	54		1,997.94		37.00	.001	58.7	6	.02
CROSSOVERS/ALL OTH OUTPTNT	16	45		777.29		17.27	.000	48.5	8	.01
			RES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU I	DEC 2003		PAGE 9,619
MOP024	FEE-FOR-SERVICE									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GF	TNAS	- TOTAL					~_	_
02 746 ELIGIBLES	HORDO	INITED OF CERTIFICA	,		7. T 7	EDAGE COCT		ONTHLY AVE		
93,746 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			ĸ	COST PER
@COMMUNITY HOSPITAL TOTAL	8,815	OR DAYS OF CARE 51,389	\$	6,063,448.59		R UNIT/DAY 117.99	.548	USER \$ 687.8	ے ہ	ELIGIBLE 64.68
COMM HOSP INPATIENT TOTAL	843	4,294	Ą	5,009,102.23	Ą	117.99	.046	5942.0		53.43
HSC HOSPITALS	443	2,488		2,974,963.34		1195.72	.027	6715.4		31.73
TIDC TION TIME	443	2,400		2,2,4,203.34		11/0.12	. 0 4 /	0/10.1	_	51.15

NON-HSC HOSPITALS TOTAL	215	1,073		1,884,974.20		1756.73	.011		8767.32		20.11
ACCOMMODATIONS	214	1,073		653,119.28		608.69	.011		3051.96		6.97
ADMINISTRATIVE DAYS	14	216		49,159.96		227.59	.002		3511.43		.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	202	857		603,959.32		704.74	.009		2989.90		6.44
ANCILLARIES	215	0		1,231,854.92		.00	.000		5729.56		13.14
INPATIENT CROSSOVERS	204	733		149,164.69		203.50	.008		731.20		1.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8,277	47,095		1,054,346.36		22.39	.502		127.38		11.25
MEDICAL	1,224	1,873		75,586.24		40.36	.020		61.75		.81
SURGERY	608	676		26,170.26		38.71	.007		43.04		.28
PATHOLOGY	2,537	13,378		124,802.31		9.33	.143		49.19		1.33
RADIOLOGY	1,974	2,819		217,212.03		77.05	.030		110.04		2.32
ROOM USE	5,059	6,644		251,168.01		37.80	.071		49.65		2.68
CROSSOVERS/ALL OTH OUTPTNT		21,705		359,407.51		16.56	.232		87.13		3.83
@STATE HOSPITAL	4,125	21,705	\$.00	\$.00	.000	ċ.	.00	ċ.	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0										
DEVELOP. DISABLED		10.400	4	.00	d	.00	.000	4	.00	4	.00
@NURSING FACILITY	661	18,488	\$	2,306,240.11	Ş	124.74	.197	Ş	3489.02	Ş	24.60
LEV A-INTERMEDIATE	5	206		14,665.24		71.19	.002		2933.05		.16
LEV B-REHAB MD	3	145		17,529.90		120.90	.002		5843.30		.19
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	653	18,137		2,274,044.97		125.38	.193		3482.46		24.26
@INTERMEDIATE CARE FACILDD	153	4,812	\$	812,598.63	\$	168.87		\$	5311.10	\$	8.67
ICF DDH	58	1,741		251,787.17		144.62	.019		4341.16		2.69
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	95	3,071		560,811.46		182.62	.033		5903.28		5.98
@HEMODIALYSIS TOTAL	230	3,849	\$	210,047.20	\$	54.57	.041	\$	913.25	\$	2.24
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	230	3,849		210,047.20		54.57	.041		913.25		2.24
@REHABILITATION FACILITY	39	268	\$	5,643.32	\$	21.06	.003	\$	144.70	\$.06
HOSPITAL BASED	18	63		2,209.11		35.07	.001		122.73		.02
INDEPENDENT FACILITY	21	205		3,434.21		16.75	.002		163.53		.04
@LABORATORY FACILITY	3,349	14,219	\$	188,768.74	\$	13.28	.152	\$	56.37	\$	2.01
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	3,324	14,165	•	188,486.97	•	13.31	.151	•	56.70		2.01
XO AND OTHERS	25	54		281.77		5.22	.001		11.27		.00
@ORGANIZED OUTPATIENT CLINIC	6,715	12,118	\$	1,488,394.12	Ś	122.83	.129	\$		\$	15.88
CLINIC	925	2,550	4	68,583.98	-	26.90	.027	т.	74.14	т.	.73
SURGICENTER	134	598		27,188.34		45.47	.006		202.90		. 29
HEROIN DETOX CLINIC	8	125		1,505.62		12.04	.001		188.20		.02
RURAL HEALTH CLINIC	5,720	8,845		1,391,116.18		157.28	.094		243.20		14.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		TRES N	MONTH-OF-PAYMENT RI	EPORT			DEC		ΡZ	AGE 9,620
MOP024	FEE-FOR-SERVICE		JICED I		DI OICI	TOR OTHER	1005 11110	220	2005		01/29/04
PLACER COUNTY		ICES FOR CASH G	TMAGE	ΤΟΤΔΙ.							01/25/01
PHACER COUNTY	BONNART OF BERV	TCES FOR CASH C	JI/MIN I	IOIAL			M	חודינ	T.V VILE	CF -	
93,746 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/1/2	DACE COCT	UNITS/DAY		COST PER		COST PER
93,740 EDIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES			PER ELIG		USER		ELIGIBLE
ANI OTHER PROVIDERS	0 461			2,375,022.02							
@ALL OTHER PROVIDERS	8,461	515,832	\$		\$	4.60	5.502	Ş	280.70	Ş	25.33
DURABLE MED. EQUIP.	685	2,829		383,420.00		135.53	.030		559.74		4.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	33	41		10,898.86		265.83	.000		330.27		.12
MEDICAL TRANSPORTATION	1,664	74,138		346,045.48		4.67	.791		207.96		3.69
AMBULANCES/AIR TRANS	1,085	10,143		135,854.22		13.39	.108		125.21		1.45
OTHER TRANS	596	63,566		186,003.47		2.93	.678		312.09		1.98
OTHER SERVICES	45	429		24,187.79		56.38	.005		537.51		. 26
ACUPUNCTURE	31	69		1,248.90		18.10	.001		40.29		.01
ADULT DAY HEALTH CARE CTR	662	10,941		759,553.44		69.42	.117		1147.36		8.10
GENETIC DISEASE TESTING	44	45		4,575.00		101.67	.000		103.98		.05

IHMC, MODEL-NF, NF, AIDS, MSSP	185	5,082	201,261.06	39.60	.054	1087.90	2.15
OCCUPATIONAL THERAPIST	19	288	1,636.94	5.68	.003	86.15	.02
OPTICIAN	1,470	3,289	36,006.32	10.95	.035	24.49	.38
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01
PORTABLE X-RAY	49	108	1,519.49	14.07	.001	31.01	.02
PROSTHETIST/ORTHOTISTS	139	353	41,609.31	117.87	.004	299.35	.44
PROSTHETICS	132	340	40,806.91	120.02	.004	309.14	.44
ORTHOTICS	8	13	802.40	61.72	.000	100.30	.01
PSYCHOLOGIST	19	43	1,170.98	27.23	.000	61.63	.01
SPEECH AND AUDIOLOGY	930	3,763	164,355.31	43.68	.040	176.73	1.75
HOSPICE SERVICES	29	783	98,730.08	126.09	.008	3404.49	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,412	52,220	154,969.24	2.97	.557	109.75	1.65
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.002	1490.11	.05
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

1,764 361,625 .45 3.857 ALL OTHER PROVIDERS 162,865.45 92.33 1.74 70,905 \$ @CALIF. CHILDREN SERVICES* 843 1,058,373.01 14.93 .756 \$ 1255.48 \$ 11.29 6,429 \$ \$.531 \$ 134.31 \$ @XOVER EXCLUDING STATE HOSP** 49,815 863,510.13 17.33 9.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	JICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON	THLY AVERAG	E
3,451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,536	5,139 \$	658,863.35	\$ 128.21	1.489 \$		
@PHYSICIANS SERVICES	961	2,236 \$	115,130.30	\$ 51.49	.648 \$		\$ 33.36
OUTPATIENT VISITS	861	1,208	39,145.65	32.41	.350	45.47	11.34
OFFICE VISITS	715	968	29,372.09	30.34	.280	41.08	8.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	157	185	8,104.44	43.81	.054	51.62	2.35
	3	3	106.77	35.59	.001	35.59	
PREVENTIVE CARE	0	0					.03
OB VISITS/COMPRE PERI	-		.00	.00	.000	.00	.00
OTHER OUTPATIENT	48	52	1,562.35	30.05	.015	32.55	.45
INPATIENT VISITS	63	471	47,223.40	100.26	.136	749.58	13.68
HOSPITAL VISITS	45	148	7,673.08	51.85	.043	170.51	2.22
CRITICAL CARE	26	323	39,550.32	122.45	.094	1521.17	11.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	16	741.62	46.35	.005	82.40	.21
EXAMINATIONS	9	16	741.62	46.35	.005	82.40	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	82	12,405.58	151.29	.024	1240.56	3.59
PRINCIPAL SURGEON	9	14	10,100.66	721.48	.004	1122.30	2.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	68	2,304.92	33.90	.020	384.15	.67
OUTPATIENT SURGERY	18	42	3,542.17	84.34	.012	196.79	1.03
PRINCIPAL SURGEON	17	25	2,856.87	114.27	.007	168.05	.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	17	685.30	40.31	.005	114.22	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	35	53	824.24	15.55	.015	23.55	.24
RADIOLOGY	82	148	2,664.77	18.01	.043	32.50	.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	16	242.20	15.14	.005	18.63	.07
OTHER SERVICES/ALL X-OVERS	75	200	8,340.67	41.70	.058	111.21	2.42
@PHARMACY	725	1,232 \$	71,830.05	\$ 58.30	.357 \$		\$ 20.81
PRESCRIPTION DRUGS	718	1,232 3	71,695.48	59.35	.350	99.85	20.78
SNF/ICF	718	1,208	.00	.00	.000	.00	.00
	718	1,208	71,695.48	59.35	.350	99.85	20.78
OUTPATIENTS	12	24	134.57	5.61	.007	11.21	.04
MEDICAL SUPPLIES	0						
@DENTIST	_	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0 0

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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.00 PAGE 9,622 01/29/04

	PLACER COUNTY	SUMMARY OF SERVICES FOR	185% PROGRAM - INFANTS	AID CODES 47 69
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PLACER COUNTY	SUMMARY OF SERVICES F	OR 185% P	ROGRAM -	- INFAN'I'S	AL	D CODES 47					
							MC			GE.	
3,451 ELIGIBLES		OF SERVIC		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		AYS OF CAR			PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0	0	т.	.00	-	.00	.000	т	.00	4	.00
OTHER SERVICES	0	Ö		.00		.00	.000		.00		.00
@PODIATRIST	0	Ö	\$.00	\$.00	.000	Ś		Ġ	.00
MEDICINE/INJECTIONS	0	Ö	٧	.00	٧	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00			.000		.00		.00
OTHER	16		ė		4	.00		4		4	
@HOME HEALTH AGENCY	0	46	\$	2,658.11	\$	57.79		\$	166.13	\$.77
NURSE ANESTHESIST	U	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	U	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00		\$		\$.00
@TOTAL HOSPITAL	326	1,060	\$		\$	409.40	.307			\$	125.75
HOSP INPATIENT TOTAL	35	296		413,490.37		1396.93	.086		11814.01		119.82
HSC HOSPITALS	32	283		393,331.00		1389.86	.082		12291.59		113.98
NON-HSC HOSPITAL TOTAL	3	13		20,159.37		1550.72	.004		6719.79		5.84
ACCOMMODATIONS	3	13		8,237.71		633.67	.004		2745.90		2.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	13		8,237.71		633.67	.004		2745.90		2.39
ANCILLARIES	3	0		11,921.66		.00	.000		3973.89		3.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	296	764		20,474.64		26.80	.221		69.17		5.93
MEDICAL	57	88		2,429.75		27.61	.025		42.63		.70
SURGERY	11	11		464.30		42.21	.003		42.21		.13
PATHOLOGY	65	173		1,580.60		9.14	.050		24.32		.46
RADIOLOGY	47	48		1,702.45		35.47	.014		36.22		.49
ROOM USE	243	298		11,381.39		38.19	.086		46.84		3.30
				·							
CROSSOVERS/ALL OTH OUTPTNT	9 /	146	à	2,916.15	4	19.97	.042	4	30.06	4	.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Ö		.00		.00	.000		.00		.00
-10011 002	ŭ	•		.00		• • • •					• • • •

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 PAGE 9,623

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		JES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,623
MOP024 PLACER COUNTY	FEE-FOR-SERVICE		TATERANIEC	ATD CODEC 47	60		01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			C.D.
2 451 51 53 53	Hanna	IDITES OF SERVICE			MON		
3,451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	326 35 32 3 3 0 0	OR DAYS OF CARE	122 065 01	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	326	1,060 \$	433,965.01	\$ 409.40		1331.18	
COMM HOSP INPATIENT TOTAL	35	296	413,490.37	1396.93	.086	11814.01	119.82
HSC HOSPITALS	32	283	393,331.00	1389.86	.082	12291.59	113.98
NON-HSC HOSPITALS TOTAL	3	13	20,159.37	1550.72	.004	6719.79	5.84
ACCOMMODATIONS	3	13	8,237.71	633.67	.004	2745.90	2.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	13	8,237.71	633.67	.004	2745.90	2.39
ANCILLARIES	3	0	11,921.66	.00	.000	3973.89	3.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	296	764	20,474.64	26.80	.221	69.17	5.93
MEDICAL	57	88	2,429.75	27.61	.025	42.63	.70
SURGERY	11	11	464.30	42.21	.003	42.21	.13
PATHOLOGY	65	173	1,580.60	9.14	.050	24.32	.46
RADIOLOGY	47	48	1,702.45	35.47	.014	36.22	.49
ROOM USE	243	298	11,381.39	38.19	.086	46.84	3.30
CROSSOVERS/ALL OTH OUTPTNT		146	2,916.15	19.97	.042	30.06	.85
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		
MENTALLY ILL	0	0 Ş 0	.00	.00	.000 \$.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
	0	-					
@NURSING FACILITY LEV A-INTERMEDIATE	0	0 \$ 0	.00		.000 \$		
	0	· ·	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	. 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	41	86 \$	877.55	\$ 10.20	.025 \$		\$.25
PATHOLOGY	41	86	877.55	10.20	.025	21.40	.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	102	153 \$	24,058.75	\$ 157.25	.044 \$		
CLINIC	18	24	558.21	23.26	.007	31.01	.16
SURGICENTER	1	7	200.08	28.58	.002	200.08	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	85	122	23,300.46	190.99	.035	274.12	6.75
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 9,624
MOP024	FEE-FOR-SERVICE		NIII OF FAIRENT K	EFORT FOR UAN 2	2005 TIMO DE	IC 2005	01/29/04
PLACER COUNTY		VICES FOR 185% PROGRAM	_ TMEANTS	AID CODES 47	69		01/29/04
FUACER COUNTI	SUMMARI OF SERV	MANDUNY SCOI NOT GENIV	- TINE WINTS	AID CODES 4/		ע מיזנע אווייין	CF
3,451 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			GE COST PER
S'4ST FITGIBLES	CALGU	OR DAYS OF CARE	гуслирттокру	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	32	326 \$	10,343.58	\$ 31.73		323.24	
SYTT OTHER EKOATDERS	32	320 Ş	10,343.30	ψ 31.73	.UJT Ş	343.44	Ş 3.00

DURABLE MED. EQUIP.	15	106		4,064.17	38.34	.031	270.94		1.18
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	12	201		3,583.27	17.83	.058	298.61		1.04
AMBULANCES/AIR TRANS	12	200		1,783.27	8.92	.058	148.61		.52
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00		.52
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	4	7		2,640.43	377.20	.002	660.11		.77
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1	12		55.71	4.64	.003	55.71		.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	75	841	\$	395,847.61	\$ 470.69	. 244		\$ 11	4.71
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	JEN AS A SEPARATE	TNFORMATION	TTEM ONLY	⁷ ;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,625
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

I III CEIR COOMII	DOMINITED OF DER	VICED FOR TOO FROM	I ICHOIVIIVI II.	ID CODED II 10	10		
					MO	NTHLY AVERA	GE
3,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,372	19,489 \$	2,345,497.07	\$ 120.35	4.914	\$ 695.58	\$ 591.40
@PHYSICIANS SERVICES	2,103	6,362 \$	547,118.43	\$ 86.00	1.604	\$ 260.16	\$ 137.95
OUTPATIENT VISITS	1,231	2,001	130,382.64	65.16	.505	105.92	32.88
OFFICE VISITS	303	342	16,316.79	47.71	.086	53.85	4.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	157	176	10,181.86	57.85	.044	64.85	2.57
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	875	1,479	103,764.48	70.16	.373	118.59	26.16
OTHER OUTPATIENT	3	3	84.82	28.27	.001	28.27	.02
INPATIENT VISITS	260	658	40,692.67	61.84	.166	156.51	10.26
HOSPITAL VISITS	254	522	21,361.31	40.92	.132	84.10	5.39
CRITICAL CARE	13	136	19,331.36	142.14	.034	1487.03	4.87
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	6	265.48	44.25	.002	88.49	.07
EXAMINATIONS	3	6	265.48	44.25	.002	88.49	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	457	1,750	276,178.16	157.82	.441	604.33	69.64
PRINCIPAL SURGEON	309	323	229,020.28	709.04	.081	741.17	57.75
ASSISTANT SURGEON	55	55	10,164.26	184.80	.014	184.80	2.56
ANESTHESIOLOGIST	169	1,372	36,993.62	26.96	.346	218.90	9.33
OUTPATIENT SURGERY	214	370	29,254.57	79.07	.093	136.70	7.38
PRINCIPAL SURGEON	197	269	25,316.32	94.11	.068	128.51	6.38

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.05
ANESTHESIOLOGIST	51	100	3,751.75	37.52	.025	73.56	.95
DIALYSIS	0	100	.00	.00	.000	.00	.00
	204	313	4,631.79	14.80	.079	22.70	1.17
PATHOLOGY			,	14.80			⊥.⊥/
RADIOLOGY	678	822	47,827.87	58.18	.207	70.54	12.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	101	224	4,398.95	19.64	.056	43.55	1.11
OTHER SERVICES/ALL X-OVERS	113	218	13,486.30	61.86	.055	119.35	3.40
@PHARMACY	853	1,606	\$ 43,936.05	\$ 27.36	.405	\$ 51.51	\$ 11.08
PRESCRIPTION DRUGS	833	1,481	34,440.47	23.25	.373	41.35	8.68
SNF/ICF	1	8	116.03	14.50	.002	116.03	.03
OUTPATIENTS	833	1,473	34,324.44	23.30	.371	41.21	8.65
MEDICAL SUPPLIES	57	125	9,495.58	75.96	.032	166.59	2.39
@DENTIST	6	41	\$ 90.60	\$ 2.21	.010	\$ 15.10	\$.02
VISITS - DIAGNOSTIC	5	33	90.60	2.75	.008	18.12	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

		•	2.2	2.2	0.00	0.0	2.2
DRUGS	0	Ü	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	3	6	.00	.00	.002	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 3		2003	PAGE 9,626
MOP024	FEE-FOR-SERVICE					2005	01/29/04
PLACER COUNTY		ICES FOR 185% PROGRA	AM DDECNIANT AT	ID CODES 44 48	40		01/29/04
PLACER COUNTY	SUMMARI OF SERV	ICES FOR 105% PROGRA	AM - PREGNANT AL	ID CODES 44 46			
					MON'		
3,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0						
@CHIROPRACTOR	U	- 1	.00	\$.00	.000 \$.00	\$.00
VISITS	Ü	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	13 \$	660.07	\$ 50.77	.003 \$	73.34	\$.17
NURSE ANESTHESIST	Ó	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	11	101 \$	2,383.20	\$ 23.60	.025 \$	216.65	\$.60
			•	•			•
PEDIATRIC NURSE PRACTITIONER	-	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	996	5,688 \$	1,522,994.99	\$ 267.76	1.434 \$	1529.11	\$ 384.01
HOSP INPATIENT TOTAL	329	1,187	1,446,615.64	1218.72	.299	4397.01	364.75
HSC HOSPITALS	223	717	908,791.35	1267.49	.181	4075.30	229.15
NON-HSC HOSPITAL TOTAL	106	470	537,824.29	1144.31	.119	5073.81	135.61
ACCOMMODATIONS	106	470	240,378.88	511.44	.119	2267.73	60.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ŏ	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	470	240,378.88	511.44	.119	2267.73	60.61
	106					2806.09	
ANCILLARIES		0	297,445.41	.00	.000		75.00
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	806	4,501	76,379.35	16.97	1.135	94.76	19.26
MEDICAL	21	28	952.39	34.01	.007	45.35	.24
SURGERY	113	166	5,848.17	35.23	.042	51.75	1.47
PATHOLOGY	433	1,867	19,138.07	10.25	.471	44.20	4.83
RADIOLOGY	134	145	9,239.05	63.72	.037	68.95	2.33
ROOM USE	433	649	22,135.01	34.11	.164	51.12	5.58
	357						
CROSSOVERS/ALL OTH OUTPINT		1,646	19,066.66	11.58	.415	53.41	4.81
@COUNTY HOSPITAL TOTAL	6	34 \$	1,090.36	\$ 32.07	.009 \$	181.73	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
IIIIIIIIIII II CIIII	· ·	· ·	. 50		. 000	.00	. 0 0

ALL OTHER ACCOM	0	0		.00	.0	0 .000		.00		.00
ANCILLARIES	0	0		.00	.0	0 .000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	. 0			.00		.00
ALL OTHER INPATIENT	0	0		.00	.0			.00		.00
CO HOSP OUTPATIENT TOTAL	6	34		1,090.36	32.0			181.73		.27
	0	0								
MEDICAL	U	-		.00	.0			.00		.00
SURGERY	3	4		114.64	28.6			38.21		.03
PATHOLOGY	3	13		220.90	16.9			73.63		.06
RADIOLOGY	0	0		.00	.0			.00		.00
ROOM USE	4	7		460.21	65.7	4 .002		115.05		.12
CROSSOVERS/ALL OTH OUTPINT	4	10		294.61	29.4	6 .003		73.65		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MON	TH-OF-PAYMENT R	EPORT FOR J	AN 2003 THRII	DEC	2003	P	AGE 9,627
MOP024	FEE-FOR-SERVICE							2005		01/29/04
PLACER COUNTY		ICES FOR 185% PRO	CPAM	- DREGNANT A	ID CODES 44	48 49				01/25/01
FLACER COUNTI	SOMMARY OF SERV	ICES FOR 103% FRO	GICAN	FILEGUALUI	ID CODES 44		MONTH.	HLY AVERA	CE	
2 066 BLIGIDIES	HGEDG	INITES OF SERVICE		EXPENDIBLE	ATTED A CEL C					
•	USERS	UNITS OF SERVICE		EXPENDITURES		OST UNITS/DA		COST PER		COST PER
	990	OR DAYS OF CARE				DAY PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	990	•	\$	1,521,904.63	\$ 269.1			1537.28	\$	
COMM HOSP INPATIENT TOTAL	329	1,187		1,446,615.64	1218.7	2 .299		4397.01		364.75
HSC HOSPITALS	223	717		908,791.35	1267.4	9 .181		4075.30		229.15
NON-HSC HOSPITALS TOTAL	106	470		537,824.29	1144.3	1 .119		5073.81		135.61
ACCOMMODATIONS	106	470		240,378.88	511.4			2267.73		60.61
ADMINISTRATIVE DAYS	0	0		.00	.0			.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0			.00		.00
ALL OTHER ACCOM	106	470		240,378.88	511.4			2267.73		60.61
ANCILLARIES	106	0		297,445.41	.0			2806.09		75.00
INPATIENT CROSSOVERS	0	0		.00	.0			.00		.00
ALL OTHER INPATIENT	0	0		.00	.0			.00		.00
COMM HOSP OUTPATIENT TOTAL	800	4,467		75,288.99	16.8			94.11		18.98
MEDICAL	21	28		952.39	34.0	1 .007		45.35		.24
SURGERY	110	162		5,733.53	35.3	9 .041		52.12		1.45
PATHOLOGY	430	1,854		18,917.17	10.2			43.99		4.77
RADIOLOGY	134	145		9,239.05	63.7			68.95		2.33
ROOM USE	429	642		21,674.80	33.7			50.52		5.47
CROSSOVERS/ALL OTH OUTPTNT		1,636		18,772.05	11.4			53.18		4.73
THISTOURING THE CONTRACTOR OF	0		4						4	
@STATE HOSPITAL	U		\$.00	\$.0			.00	Ş	.00
MENTALLY ILL	0	0		.00	.0			.00		.00
DEVELOP. DISABLED	0	0		.00	.0			.00		.00
@NURSING FACILITY	0		\$.00	\$.0	0 .000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.0	0 .000		.00		.00
LEV B-REHAB MD	0	0		.00	.0	0 .000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.0	0 .000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.0	0 .000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.0			.00		.00
LEV B-REGULAR	0	0		.00	.0			.00		.00
	0	_	4					.00	4	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.0				Þ	.00
ICF DDH	0	0		.00	.0			.00		.00
ICF DD	0	0		.00	.0			.00		.00
ICF DDN/DDCN	0	0		.00	.0	0 .000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.0	0 .000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.0			.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.0		\$.00	\$.00
HOSPITAL BASED	0	0	~	.00	.0		ų	.00	Y	.00
	0	0								
INDEPENDENT FACILITY	-		d	.00	.0		٠,	.00	٠,	.00
@LABORATORY FACILITY	791		\$	50,760.72	\$ 16.4		\$	64.17	Ş	12.80
PATHOLOGY	791	3,081		50,760.72	16.4			64.17		12.80
XO AND OTHERS	0	0		.00	.0			.00		.00
@ORGANIZED OUTPATIENT CLINIC	490		\$	154,394.11	\$ 74.1		\$	315.09	\$	38.93
CLINIC	257	1,448		44,495.85	30.7	3 .365		173.14		11.22

.54 SURGICENTER 13 103 2,133.15 20.71 .026 164.09 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 RURAL HEALTH CLINIC 221 532 107,765.11 202.57 .134 487.62 27.17 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,628 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						MO	ONTHLY AVERA	GE -	
3,966 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	215	514	\$	23,158.90	\$ 45.06	.130	\$ 107.72	\$	5.84
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	41	324		3,799.10	11.73	.082	92.66		.96
AMBULANCES/AIR TRANS	41	324		3,799.10	11.73	.082	92.66		.96
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	169	170		17,574.00	103.38	.043	103.99		4.43
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5	13		468.94	36.07	.003	93.79		.12
PROSTHETICS	3	10		275.32	27.53	.003	91.77		.07
ORTHOTICS	2	3		193.62	64.54	.001	96.81		.05
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68		.28
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	6		210.18	35.03	.002	210.18		.05
@CALIF. CHILDREN SERVICES*	10	108	\$	50,198.76	\$ 464.80	.027	\$ 5019.88	\$	12.66
@XOVER EXCLUDING STATE HOSP**	3	3	\$	84.93	\$ 28.31	.001	\$ 28.31	\$.02
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION IT	'EM ONI	ιΥ;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

PAGE 9,629 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM PLACER COUNTY AID CODE 76

----- MONTHLY AVERAGE -----40 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18 41 \$ 1,702.43 \$ 41.52 1.025 \$ 94.58 \$ 42.56 @TOTAL, ALL PROVIDERS .375 \$ 44.91 \$ 15 32.94 @PHYSICIANS SERVICES 11 494.06 \$ 12.35 418.79 140.28 .00 38.07 .275
23.38 .150
.00 .000
52.52 .075
.00 .000
60.48 .050
.00 .000
.00 .000
.00 .000
.00 .000 46.53 OUTPATIENT VISITS 9 11 38.07 .275 10.47 6 23.38 3.51 OFFICE VISITS 6 HOME VISITS 0 0 .00 .00 EMERGENCY ROOM 3 3 157.55 52.52 3.94 0 PREVENTIVE CARE .00 .00 .00 120.96 60.48 3.02 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 .00 .00 0 0 .00 .00 .00 INPATIENT VISITS .00 Ω 0 .00 .00 HOSPITAL VISITS CRITICAL CARE Ω .00 .00 .000 .00 .00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	U	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	U	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		59.05		59.05	.025		59.05		1.48
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		2.61		2.61	.025		2.61		.07
OTHER SERVICES/ALL X-OVERS	2	2		13.61		6.81	.050		6.81		.34
@PHARMACY	5	5	\$	297.61	\$	59.52	.125	\$	59.52	\$	7.44
PRESCRIPTION DRUGS	5	5	٧	297.61	٧	59.52	.125	Y	59.52	Y	7.44
SNF/ICF	0	0		.00		.00	.000		.00		.00
	0	5		297.61		59.52	.125		59.52		7.44
OUTPATIENTS	5										
MEDICAL SUPPLIES	0	0	d	.00	à	.00	.000	4	.00	4	.00
@DENTIST	U	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ŏ	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0							.00		
ALL OTHER SERVICES	•	•	DG 146	.00		.00	.000	DEC		_	.00
		CES AND EXPENDITUR	ES MC	JNTH-OF-PAYMENT R.	EPORT	. FOR JAN	2003 THRU	DEC	2003	Р	AGE 9,630
	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE					
									HLY AVERA		
40 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PEF		PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	Ŏ	0	\$.00	\$.00	.000	¢	.00	\$.00
MEDICINE/INJECTIONS	0	0	Y	.00	Ÿ	.00	.000	Ų	.00	Ÿ	.00
	0										
SURGERY/ANES.	U	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	Ü	0	_	.00		.00	.000	1.	.00	٠.,	.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000	\$.00	Ş	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$ 258.22	\$	51.64	.125	\$ 258.22	\$ 6.46
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	5	258.22		51.64	.125	258.22	6.46
MEDICAL	1	1	28.41		28.41	.025	28.41	.71
SURGERY	0	0	.02CH	R	.00	.000	.00	.00
PATHOLOGY	1	2	9.12		4.56	.050	9.12	.23

RADIOLOGY	1	1	188.24	188.24	.025	188.24	4.71
ROOM USE	1	1	32.47	32.47	.025	32.47	.81
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 ş	.00	.00	.000 \$.00	.00
	0	0				.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT REE	PORT FOR JAN 2	1003 THRU DEC	2003	PAGE 9,631
MOP024	FEE-FOR-SERVICE/						01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY POST P.	ARTUM PROGRAM	AID CODE			
					MONT		
40 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5 \$	258.22	\$ 51.64	.125 \$	258.22	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	258.22	51.64	.125	258.22	6.46
MEDICAL	1	1	28.41	28.41	.025	28.41	.71
SURGERY	0	0	.02CR	.00	.000	.00	.00
PATHOLOGY	1	2	9.12	4.56	.050	9.12	.23
RADIOLOGY	1	1	188.24	188.24	.025	188.24	4.71
ROOM USE	1	1	32.47	32.47	.025	32.47	.81
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	Ο	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	U						
	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0 0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0 0 0	0 0 0					
	0 0 0 0	0 0 0 0	.00	.00	.000	.00	.00

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HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ô	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ô	0	\$.00	\$.00	.000	\$		Ś	.00
HOSPITAL BASED	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	7	\$	94.56	\$	13.51	.175	\$		Ġ	2.36
PATHOLOGY	3	7	т	94.56	Ψ.	13.51	.175	Υ	31.52	Τ	2.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	9	\$	557.98	\$	62.00	.225	\$	557.98	Ġ	13.95
CLINIC	<u></u>	9	4	557.98	-	62.00	.225	т.	557.98	т.	13.95
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC		P/	AGE 9,632
MOP024	FEE-FOR-SERVICE/										01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
							M	ONT	HLY AVERA	GE -	
40 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

0

PAGE 9,633 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY

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						MC	N.I.HLA AA	ERAC	÷≝ –	
7,457 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST P	ER	C	OST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER		Ε	LIGIBLE
@TOTAL, ALL PROVIDERS	4,926	24,669	\$ 3,006,062.85	\$	121.86	3.308	\$ 610.	24	\$	403.12
@PHYSICIANS SERVICES	3,075	8,613	\$ 662,742.79	\$	76.95	1.155	\$ 215.	53	\$	88.88

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2,101	3,220	169,947.08	52.78	.432	80.89	22.79
OFFICE VISITS	1,024	1,316	45,829.16	34.82	.176	44.76	6.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	317	364	18,443.85	50.67	.049	58.18	2.47
PREVENTIVE CARE	4	4	141.46	35.37	.001	35.37	.02
OB VISITS/COMPRE PERI	877	1,481	103,885.44	70.15	.199	118.46	13.93
OTHER OUTPATIENT	51	55	1,647.17	29.95	.007	32.30	.22
INPATIENT VISITS	323	1,129	87,916.07	77.87	.151	272.19	11.79
HOSPITAL VISITS	299	670	29,034.39	43.33	.090	97.10	3.89
CRITICAL CARE	39	459	58,881.68	128.28	.062	1509.79	7.90
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	22	1,007.10	45.78	.003	83.93	.14
EXAMINATIONS	12	22	1,007.10	45.78	.003	83.93	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	467	1,832	288,583.74	157.52	.246	617.95	38.70
PRINCIPAL SURGEON	318	337	239,120.94	709.56	.045	751.95	32.07
	55	55	10,164.26	184.80	.007	184.80	1.36
ASSISTANT SURGEON							
ANESTHESIOLOGIST	175	1,440	39,298.54	27.29	.193	224.56	5.27
OUTPATIENT SURGERY	232	412	32,796.74	79.60	.055	141.37	4.40
PRINCIPAL SURGEON	214	294	28,173.19	95.83	.039	131.65	3.78
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.03
ANESTHESIOLOGIST	57	117	4,437.05	37.92	.016	77.84	.60
	0	0					
DIALYSIS			.00	.00	.000	.00	.00
PATHOLOGY	239	366	5,456.03	14.91	.049	22.83	.73
RADIOLOGY	761	971	50,551.69	52.06	.130	66.43	6.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	115	241	4,643.76	19.27	.032	40.38	.62
OTHER SERVICES/ALL X-OVERS	190	420	21,840.58	52.00	.056	114.95	2.93
@PHARMACY	1,583	2,843 \$	116,063.71	\$ 40.82	.381 \$	73.32	
					•		
PRESCRIPTION DRUGS	1,556	2,694	106,433.56	39.51	.361	68.40	14.27
SNF/ICF	1	8	116.03	14.50	.001	116.03	.02
OUTPATIENTS	1,556	2,686	106,317.53	39.58	.360	68.33	14.26
MEDICAL SUPPLIES	69	149	9,630.15	64.63	.020	139.57	1.29
@DENTIST	6	41 \$	90.60	\$ 2.21	.005 \$	15.10	\$.01
VISITS - DIAGNOSTIC	5	33	90.60	2.75	.004	18.12	.01
	9	0	.00	.00	.000	.00	.00
ORAL SURGERY	U						
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	_ 6	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	^	0		^^	.000	.00	.00
	U	U	.00	.00	.000	. 0 0	
	0	0		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	0 ES AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 PAGE 9,634
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO /DENTAL	.00 .00 .00 .00 DNTH-OF-PAYMENT RE	.00 .00 .00 EPORT FOR JAN 2	.000 .000 .000 2003 THRU DEC	.00 .00 .00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO	.00 .00 .00 .00 DNTH-OF-PAYMENT RE	.00 .00 .00 EPORT FOR JAN 2	.000 .000 .000 2003 THRU DEC	.00 .00 .00	.00 .00 PAGE 9,634
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO /DENTAL	.00 .00 .00 .00 DNTH-OF-PAYMENT RE	.00 .00 .00 EPORT FOR JAN 2	.000 .000 .000 2003 THRU DEC	.00	.00 .00 PAGE 9,634 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60-	.00 .00 .00 ONTH-OF-PAYMENT RE	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49	.000 .000 .000 2003 THRU DEC 9 69 76 MONT	.00 .00 .00 2 2003	.00 .00 PAGE 9,634 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE	.00 .00 .00 .00 DNTH-OF-PAYMENT RE	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST	.000 .000 .000 2003 THRU DEC 9 69 76 MONT UNITS/DAYS	.00 .00 .00 2003 PHLY AVERA	.00 .00 PAGE 9,634 01/29/04 GE COST PER
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 ONTH-OF-PAYMENT RE -DAY PP TOTAL, COI EXPENDITURES	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY	.000 .000 .000 2003 THRU DEC 9 69 76 MONT UNITS/DAYS PER ELIG	.00 .00 .00 ! 2003 THLY AVERA COST PER USER	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 ONTH-OF-PAYMENT RE -DAY PP TOTAL, COI EXPENDITURES .00	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00	.000 .000 .000 2003 THRU DEC 9 69 76 MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 2003 THLY AVERA COST PER USER .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	0 ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 DNTH-OF-PAYMENT RE-DAY PP TOTAL, COI EXPENDITURES .00 .00	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 2003 THRU DEC 9 69 76 MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0	.00 .00 .00 DNTH-OF-PAYMENT RE-DAY PP TOTAL, COI EXPENDITURES .00 .00	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 2003 THRU DEC 0 69 76 MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 2 2003 PHLY AVERA COST PER USER .00 .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	O ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE O O O O	.00 .00 .00 DNTH-OF-PAYMENT RE-DAY PP TOTAL, COI EXPENDITURES .00 .00 .00	.00 .00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 2003 PHLY AVERA COST PER USER .00 .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0	.00 .00 .00 DNTH-OF-PAYMENT RE-DAY PP TOTAL, COI EXPENDITURES .00 .00	.00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 2003 THRU DEC 0 69 76 MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 2 2003 PHLY AVERA COST PER USER .00 .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,457 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	O ES AND EXPENDITURES MO /DENTAL ICES FOR 185% AND 60- UNITS OF SERVICE OR DAYS OF CARE O O O O	.00 .00 .00 DNTH-OF-PAYMENT RE-DAY PP TOTAL, COI EXPENDITURES .00 .00 .00	.00 .00 .00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 2003 PHLY AVERA COST PER USER .00 .00	.00 .00 PAGE 9,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	25	59	\$	3,318.18	\$	56.24	.008	\$	132.73	\$.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	11	101	Ė	2,383.20	\$	23.60	.014	\$	216.65	\$.32
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,323	6,753	Š	1,957,218.22	Š	289.83	.906	\$	1479.38	\$	262.47
HOSP INPATIENT TOTAL	364	1,483	Τ	1,860,106.01	т	1254.29	.199	τ.	5110.18	τ.	249.44
HSC HOSPITALS	255	1,000		1,302,122.35		1302.12	.134		5106.36		174.62
NON-HSC HOSPITAL TOTAL	109	483		557,983.66		1155.25	.065		5119.12		74.83
ACCOMMODATIONS	109	483		248,616.59		514.73	.065		2280.89		33.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	109	483		248,616.59		514.73	.065		2280.89		33.34
ANCILLARIES	109	0		309,367.07		.00	.000		2838.23		41.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,103	5,270		97,112.21		18.43	.707		88.04		13.02
MEDICAL	79	117		3,410.55		29.15	.016		43.17		.46
SURGERY	124	177		6,312.45		35.66	.024		50.91		.85
PATHOLOGY	499	2,042		20,727.79		10.15	.274		41.54		2.78
RADIOLOGY	182	194		11,129.74		57.37	.026		61.15		1.49
ROOM USE	677	948		33,548.87		35.39	.127		49.56		4.50
CROSSOVERS/ALL OTH OUTPTNT		1,792		21,982.81		12.27	.240		48.42		2.95
@COUNTY HOSPITAL TOTAL	6		\$	1,090.36	\$	32.07	.005	Ġ	181.73	Ġ	.15
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00 .00
ALL OTHER INPATIENT	0	34		1,090.36		32.07	.005		181.73		
CO HOSP OUTPATIENT TOTAL	0	0		.00			.000		.00		.15
MEDICAL	0					.00					.00
SURGERY		4 13		114.64 220.90		28.66 16.99	.001 .002		38.21 73.63		.02
PATHOLOGY	5	0		.00		.00	.002		.00		.00
RADIOLOGY ROOM USE	4	7		460.21		65.74	.001		115.05		.06
CROSSOVERS/ALL OTH OUTPTNT	4	10		294.61		29.46	.001		73.65		.04
		ES AND EXPENDITURE	C M		מסמיג			חבת		D 7	AGE 9,635
MOP024	FEE-FOR-SERVICE		5 M	ONIH-OF-PAIMENT RE	POR	I FOR JAN .	2003 IRU	DEC	2003	PA	01/29/04
		ICES FOR 185% AND	60	DAY DD TOTAL COL	ישר	11 17 10 1	0 60 76				01/29/04
PLACER COUNTY	SUMMARI OF SERV	ICES FOR 105% AND	00	-DAI PP TOTAL, COI	CaC	44 4/ 40 4:	M	ייינא	מודע אזודםא	CF _	
7,457 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\7.7	ERAGE COST					COST PER
7,457 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER	-	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,317		\$	1,956,127.86	\$	291.13			1485.29		262.32
COMM HOSP INPATIENT TOTAL	364	1,483	Ą	1,860,106.01	Ą	1254.29	.199	Ą	5110.18	Ą	249.44
HSC HOSPITALS	255	1,403		1,302,122.35		1302.12	.134		5110.16		174.62
NON-HSC HOSPITALS TOTAL	109	483		557,983.66		1155.25	.065		5119.12		74.83
ACCOMMODATIONS	109	483		248,616.59		514.73	.065		2280.89		33.34
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
INDIVIDITIONAL IF CARE	O O	O		.00		.00	.000		.00		.00

ALL OTHER ACCOM	109	483	248,616.59	514.73	.065	2280.89	33.34
		103	•				
ANCILLARIES	109	Ü	309,367.07	.00	.000	2838.23	41.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,097	5,236	96,021.85	18.34	.702	87.53	12.88
MEDICAL	79	117	3,410.55	29.15	.016	43.17	.46
SURGERY	121	173	6,197.81	35.83	.023	51.22	.83
PATHOLOGY	496	2,029	20,506.89	10.11	.272	41.34	2.75
RADIOLOGY	182	194	11,129.74	57.37	.026	61.15	1.49
ROOM USE	673	941	33,088.66	35.16	.126	49.17	4.44
CROSSOVERS/ALL OTH OUTPINT	450	1,782	21,688.20	12.17	.239	48.20	2.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ġ	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000	•	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	835	3,174	\$	51,732.83	\$	16.30	.426	\$	61.96	\$	6.94
PATHOLOGY	835	3,174		51,732.83		16.30	.426		61.96		6.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	593	2,245	\$	179,010.84	\$	79.74	.301	\$	301.87	\$	24.01
CLINIC	276	1,481		45,612.04		30.80	.199		165.26		6.12
SURGICENTER	14	110		2,333.23		21.21	.015		166.66		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	306	654		131,065.57		200.41	.088		428.32		17.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PP	AGE 9,636
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	S FOR 185% AN	1D 60)-DAY PP TOTAL, CO	DES 4	14 47 48 49	69 76				
							M	ONTE	HLY AVERA	GE -	
7,457 ELIGIBLES	USERS UN	ITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		R DAYS OF CARE	C			R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	247	840	\$	33,502.48	\$	39.88	.113	\$	135.64	\$	4.49

7,457 ELIGIBLES		NITS OF SERVIC		EX	PENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	Ξ			PE	R UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	247	840	\$		33,502.48	\$	39.88	.113	\$	\$ 4.49
DURABLE MED. EQUIP.	15	106			4,064.17		38.34	.014	270.94	.55
BLOOD BANK	0	0			.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	53	525			7,382.37		14.06	.070	139.29	.99
AMBULANCES/AIR TRANS	53	524			5,582.37		10.65	.070	105.33	.75
OTHER TRANS	0	0			.00		.00	.000	.00	.00
OTHER SERVICES	1	1			1,800.00		1800.00	.000	1800.00	.24
ACUPUNCTURE	0	0			.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	169	170			17,574.00		103.38	.023	103.99	2.36
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00	.00
OPTICIAN	0	0			.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	13			468.94		36.07	.002	93.79	.06
PROSTHETICS	3	10			275.32		27.53	.001	91.77	.04
ORTHOTICS	2	3			193.62		64.54	.000	96.81	.03
PSYCHOLOGIST	0	0			.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	7			2,640.43		377.20	.001	660.11	.35
HOSPICE SERVICES	0	0			.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1			1,106.68		1106.68	.000	1106.68	.15
LOCAL EDUCATION AGENCIES	1	12			55.71		4.64	.002	55.71	.01
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	6			210.18		35.03	.001	210.18	.03
@CALIF. CHILDREN SERVICES*	85	949	\$		446,046.37	\$	470.02	.127	\$ 5247.60	\$ 59.82
@XOVER EXCLUDING STATE HOSP**	3	3	\$		84.93	\$	28.31	.000	\$ 28.31	\$.01
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION	ITEM	ONLY;						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,637 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

PLACER COUNTY	SUMMARI OF SERVICES FOR IIILE II DISREGARD - AGED					CODE	10	~		~-	
1 106 51 16151 56					MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER COST PI						
1,196 ELIGIBLES		OF SERVICE		EXPENDITURES					COST PER		COST PER
		AYS OF CARE		500 506 01			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,061	55,496	\$	523,796.91	•	.44	46.401		493.68	\$	437.96
@PHYSICIANS SERVICES	200	650	\$	9,148.00	•	.07	.543	Ş	45.74	Ş	7.65
OUTPATIENT VISITS	2	2		66.90		.45	.002		33.45		.06
OFFICE VISITS	2	2		66.90		.45	.002		33.45		.06
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	Ô		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0									
IMMUNIZATION AND INJECTION		-		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	198	648	4	9,081.10		.01	.542	4	45.86	4	7.59
@PHARMACY	973	45,147	\$	330,909.67		.33	37.748	Ş	340.09	\$	276.68
PRESCRIPTION DRUGS	961	4,586		318,614.84		.48	3.834		331.55		266.40
SNF/ICF	29	300		16,182.04		.94	.251		558.00		13.53
OUTPATIENTS	936	4,286		302,432.80		.56	3.584		323.11		252.87
MEDICAL SUPPLIES	110	40,561		12,294.83		.30	33.914		111.77		10.28
@DENTIST	45	131	\$	9,547.00		.88	.110	\$		\$	7.98
VISITS - DIAGNOSTIC	22	70		884.00		.63	.059		40.18		.74
ORAL SURGERY	3	6		291.00		.50	.005		97.00		.24
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		400.00	133		.003		133.33		.33
ENDODONTICS	2	2		430.00	215		.002		215.00		.36
RESTORATIVE DENTISTRY	13	21		1,612.00	76	.76	.018		124.00		1.35
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	13	21		5,930.00	282	.38	.018		456.15		4.96
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	8		.00		.00	.007		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MOI					DEC		Р	AGE 9,638
MODO34	FEE FOR CERTICE (DENTEN							-			01/20/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

PLACER COUNTY

PLACER COUNTY	SUMMARY OF SERVICES F	OR TITLE I	I DISE	REGARD - AGED		AID CODE	16			
								NTHLY AVER	AGE	
1,196 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR D	AYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	26	68	\$	1,156.96	\$	17.01	.057		Ś	.97
DIAGNOSTIC AND ANC. PROCED	2	2	т	55.46	т.	27.73	.002	27.73	т.	.05
EYE APPLIANCES	20	58		957.80		16.51	.048	47.89		.80
OTHER OPTOMETRIC SERVICES	7	8		143.70		17.96	.007	20.53		.12
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	Ş	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	19	20	\$	192.23	\$	9.61	.017	\$ 10.12	\$.16
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	Û	Ő		.00		.00	.000	.00		.00
OTHER	19	20		192.23		9.61	.017	10.12		.16
			4		d				4	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00		.00
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00		\$.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	83	779	Ś	23,506.16	\$	30.17	.651	\$ 283.21	Ś	19.65
HOSP INPATIENT TOTAL	16	52	'	12,664.23	•	243.54	.043	791.51		10.59
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	-								
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	16	52		12,664.23		243.54	.043	791.51		10.59
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	71	727		10,841.93		14.91	.608	152.70		9.07
	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0								
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	U	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		32.86		32.86	.001	32.86		.03
CROSSOVERS/ALL OTH OUTPTNT	71	726		10,809.07		14.89	.607	152.24		9.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0								
ADMINISTRATIVE DAYS	U	Ü		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	n	ñ		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	0	U O								
PATHOLOGY	U	U		.00		.00	.000	.00		.00
RADIOLOGY	U	U		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 2003	I	PAGE 9,639
MOP024	FEE-FOR-SERVICE/DENTA									01/29/04
DIACED COUNTY	CIIMMADA OE CEDITCEC E		T DICE	DECYDD YCED		YID CODE	16			

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

						MC	ONTHLY AVERA		
1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDIT	TURES	AVERAGE COST PER UNIT/DAY		S COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	779 \$	23,50	06.16	\$ 30.17	.651			19.65
COMM HOSP INPATIENT TOTAL	16	52	12,66		243.54	.043	791.51	•	10.59
HSC HOSPITALS	0	0	•	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	16	52	12,60		243.54	.043	791.51		10.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	71	727	10,84		14.91	.608	152.70		9.07
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1 71	1		32.86	32.86	.001	32.86		.03
CROSSOVERS/ALL OTH OUTPTNT	71 0	726	10,80		14.89	.607	152.24	ė.	9.04
@STATE HOSPITAL MENTALLY ILL	0	0 \$ 0	>	.00	\$.00	.000	\$.00	\$.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	26	686 \$	82,33		\$ 119.99		\$ 3165.78	\$	68.82
LEV A-INTERMEDIATE	2	77		31.38	67.94	.064	2615.69	Ą	4.37
LEV B-REHAB MD	0	0	5,2.	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ō	0		.00	.00	.000	.00		.00
LEV B-REGULAR	24	609	77,0	78.84	126.57	.509	3211.62		64.45
@INTERMEDIATE CARE FACILDD	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	1 \$	22	21.34	\$ 221.34		\$ 221.34	\$.19
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	1	1		21.34	221.34	.001	221.34		.19
@REHABILITATION FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	3 \$	-	12.29	\$ 4.10	.003	\$ 6.15	\$.01
PATHOLOGY	0	0 3		.00 12.29	.00	.000	.00 6.15		.00 .01
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	39	76 \$		52.60	4.10 \$ 67.80		\$ 132.12	\$	4.31
CLINIC CLINIC	0	0)),1:	.00	.00	.004	.00	Ą	.00
SURGICENTER	2	2	4(06.36	203.18	.002	203.18		.34
HEROIN DETOX CLINIC	0	0	10	.00	.00	.002	.00		.00
RURAL HEALTH CLINIC	37	74	4.74	16.24	64.14	.062	128.28		3.97
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES						P	AGE 9,640
MOP024	FEE-FOR-SERVICE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2000		01/29/04
PLACER COUNTY		ICES FOR TITLE II	DISREGARD - AC	GED	AID CODE				
1 106 FITGING	HOEDO	INTER OF CERTICE	האטרעה בי	רווספר	VILED VCE COCE		ONTHLY AVERA		
1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDIT	LUKES	AVERAGE COST PER UNIT/DAY		USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	199	7,935 \$	5 61 67	10.44	\$ 7.77	6.635			51.54
DURABLE MED. EQUIP.	4	7,935 Ş	•	79.37	\$ 7.77 459.95	.011	1494.84	ې	51.54
BLOOD BANK	0	0	5,5	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	3	1 88	39.89	629.96	.003	629.96		1.58
MEDICAL TRANSPORTATION	46	7,046	15,89		2.26	5.891	345.63		13.29
	10	, , 0 10	10,0.		2.20	2.071	515.05		

AMBULANCES/AIR TRANS	1	4	117.81	29.45	.003	117.81	.10
OTHER TRANS	43	7,027	15.759.24	2.24	5.875	366.49	13.18
OTHER SERVICES	2	15	22.08	1.47	.013	11.04	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	22	162	11,217.73	69.25	.135	509.90	9.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	31	405	17,891.68	44.18	.339	577.15	14.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	43	583.40	13.57	.036	26.52	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	16	10.43	.65	.013	1.30	.01
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.001	3.86	.00
PROSTHETICS	1	1	3.86	3.86	.001	3.86	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	318.16	31.82	.008	63.63	.27

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	78	236		7,846.79	33.25	.197	100.60	6.56
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	348	1,810	\$	50,976.30	\$ 28.16	1.513	\$ 146.48	\$ 42.62
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE	TMEODMATION	TTEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 9,641 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

					MONT	HLY AVERAGE	
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38	186 \$	11,814.00	\$ 63.52	4.537 \$	310.89 \$	288.15
@PHYSICIANS SERVICES	2	8 \$	67.37	\$ 8.42	.195 \$	33.69 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	8	67.37	8.42	.195	33.69	1.64
@PHARMACY	31	158 \$	10,425.57	\$ 65.98	3.854 \$	336.31 \$	
PRESCRIPTION DRUGS	31	158	10,425.57	65.98	3.854	336.31	254.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	31	158	10,425.57	65.98	3.854	336.31	254.28
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4 \$	98.00	\$ 24.50	.098 \$	49.00 \$	
VISITS - DIAGNOSTIC	2	4	98.00	24.50	.098	49.00	2.39
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ó	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	•	-	. 0 0				

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC					PAGE 9,642
MOP024	FEE-FOR-SERVICE		AVIII OI IIIIIIIIVI KL	di olci i olc olliv 2	1005 IIIICO DE	C 2005	01/29/04
PLACER COUNTY		ICES FOR TITLE II DIS	DECADD DI IND	AID CODES 26	67		01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IIILE II DIS	REGARD - BLIND	AID CODES 20		TIII 17 AT700 A C	
44					MON'		
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2	0 \$	74.35	\$.00	.000 \$	37.18	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	2	0	74.35	.00	.000	37.18	1.81
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	0		.00	.00	.000	.00	.00
@PODIATRIST	Ü	0 \$.00	\$.00	.000 \$		•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 3			·		•
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
	0	0		.00			
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000 \$.00	.00
	0						
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
O TIME 1111 THIN	O .	9	.00	.00	. 300	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 9,643
			IH-OF-PAIMENI RE	EPORT FOR UAN	ZUUS IRKU DEC	2003	·
MOP024	FEE-FOR-SERVICE			3.TD G0DEG 06	63		01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR	EGARD - BLIND	AID CODES 26			~=
					MONT		
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	Õ	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
	0	_					
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	U	U	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
	0	_					and the second s
@REHABILITATION FACILITY	0	• •	.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	12 \$	1,082.07	\$ 90.17	.293 \$	120.23	\$ 26.39
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	Ô	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	12	1,082.07	90.17	.293	120.23	26.39
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITURES MON					PAGE 9,644
"OTTEL PELL OF HEVETH DEKA	THE CAME OF VICTOR	TO THE DISTRIBUTION MOIN	III OI IIIIIIIIIII KI	LI JICI I JIC UAIN	2000 11110 DEC	2000	11101 7,044

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

## ALIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER PER UNITINALY PER ELIG USER ELIGIBLE ## COST PER ELIG USER ## COST PER USER ## COST PER USER ## COST PER USER ## COST PER ELIG USER ## COST PER USER ## COST PER USER ## COST USER #						MON	THLY AVERAG	E
## STATES 3	41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
DURABLE MED EQUIP. 0 0 0 0 0 0 0 0 0			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
BLOOD BANK	@ALL OTHER PROVIDERS	3	4 \$	66.64	\$ 16.66	.098 \$	22.21	\$ 1.63
#EARING AID DISPENSERS MEDICAL TRANSPORTATION O O O O O O O O O	DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0 0 .00	BLOOD BANK	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
OTHER TRANS O O O O O O O O O O O O O O O O O O O	MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	OTHER TRANS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 OPTICIAN 1 2 16.64 8.32 .049 16.64 .41 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 .00	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 1 2 16.64 8.32 .049 16.64 .41 PHYSICAL THERAPIST 0 0 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	1	2	16.64	8.32	.049	16.64	.41
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 2 2 50.00 25.00 .049 25.00 1.22 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .00 .00 .00 .00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 2 2 50.00 25.00 .049 25.00 1.22 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .00 .00 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	2	2	50.00	25.00	.049	25.00	1.22
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 4 8 \$ 141.72 \$ 17.72 .195 \$ 35.43 \$ 3.46		4	8 \$	141.72	\$ 17.72	.195 \$	35.43	\$ 3.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,645 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

			1.1011						
1,195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,010	14,873 \$	564,305.56	\$ 37.94	12.446 \$	558.72	\$ 472.22		
@PHYSICIANS SERVICES	136	550 \$	4,673.71	\$ 8.50	.460 \$	34.37	\$ 3.91		
OUTPATIENT VISITS	6	6	240.12	40.02	.005	40.02	.20		
OFFICE VISITS	2	2	50.18	25.09	.002	25.09	.04		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	2	2	68.98	34.49	.002	34.49	.06		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	2	2	120.96	60.48	.002	60.48	.10		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	1	1	53.79	53.79	.001	53.79	.05		
HOSPITAL VISITS	1	1	53.79	53.79	.001	53.79	.05		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	4	119.37	29.84	.003	119.37	.10
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.003	119.37	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	5	346.07	69.21	.004	57.68	.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	126	534	3,914.36	7.33	.447	31.07	3.28
@PHARMACY	946	9,707	\$ 451,603.22	\$ 46.52	8.123	\$ 477.38	\$ 377.91
PRESCRIPTION DRUGS	941	4,223	419,453.91	99.33	3.534	445.75	351.01

SNF/ICF	10	49		3,447.46		70.36	.0	41	344.75		2.88	
OUTPATIENTS	934	4,174	4:	16,006.45		99.67	3.4	93	445.40		348.12	
MEDICAL SUPPLIES	82	5,484		32,149.31		5.86	4.5	89	392.06		26.90	
@DENTIST	72	215	\$	13,780.00	\$	64.09	.1	80 \$	191.39	\$	11.53	
VISITS - DIAGNOSTIC	44	113		2,058.00		18.21	.0	95	46.77		1.72	
ORAL SURGERY	8	17		686.00		40.35	.0	14	85.75		.57	
DRUGS	0	0		.00		.00	.0	00	.00		.00	
ANESTHESIA	0	0		.00		.00	.0	00	.00		.00	
PERIODONTICS	3	3		173.00		57.67	.0	03	57.67		.14	
ENDODONTICS	9	11		2,321.00	2	11.00	.0	09	257.89		1.94	
RESTORATIVE DENTISTRY	32	66		7,362.00	1	11.55	.0	55	230.06		6.16	
PROSTHETICS	0	0		.00		.00	.0	00	.00		.00	
DENTURES, STAYPLATES	3	5		1,180.00	2	36.00	.0	04	393.33		.99	
SPACE MAINTAINERS	0	0		.00		.00	.0	00	.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.0	00	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.0	00	.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.0	00	.00		.00	
ALL OTHER SERVICES	1	0		.00		.00	.0	00	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURE	ES MONTH-OF	-PAYMENT RE	EPORT F	OR JAN	2003 TH	RU DE	C 2003	PAG	GE 9,646	
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04	
DI.ACER COUNTY	STIMMARY OF SERVICE	S FOR TITLE TI	DISPEGARD	- DISABLEI	D ATD C	ODES 3	6 66 6C					

----- MONTHLY AVERAGE -----

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1 105 ELIGIBLES	USERS	INTEG OF GEDITO		EXPENDIBLE	73 7 7 7	ERAGE COST			COST PER	.GE	COST PER
1,195 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
OODEOMEED I GE	26	OR DAYS OF CAR		1 000 57		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	26	59	\$	1,092.57	\$	18.52	.049	Ş	42.02	Ş	.91
DIAGNOSTIC AND ANC. PROCED	5	5		212.80		42.56	.004		42.56		.18
EYE APPLIANCES	20	51		802.42		15.73	.043		40.12		.67
OTHER OPTOMETRIC SERVICES	3	3		77.35	4	25.78	.003		25.78		.06
@CHIROPRACTOR	3	3	\$	35.99	\$	12.00	.003	Ş	12.00	Ş	.03
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3	_	35.99	_	12.00	.003	_	12.00		.03
@PODIATRIST	16	30	\$	395.25	\$	13.18	.025	Ş	24.70	Ş	.33
MEDICINE/INJECTIONS	1	1		16.05		16.05	.001		16.05		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	29		379.20		13.08	.024		25.28		.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$	19.97	\$	2.50	.007	\$	19.97	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	71	586	\$	19,879.01	\$	33.92	.490	\$	279.99	\$	16.64
HOSP INPATIENT TOTAL	9	72		13,985.66		194.25	.060		1553.96		11.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	72		13,985.66		194.25	.060		1553.96		11.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	64	514		5,893.35		11.47	.430		92.08		4.93
MEDICAL	1	1		81.99		81.99	.001		81.99		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		110.37		11.04	.008		36.79		.09
RADIOLOGY	3	4		200.41		50.10	.003		66.80		.17
ROOM USE	4	4		156.76		39.19	.003		39.19		.13
CROSSOVERS/ALL OTH OUTPTNT	61	495		5,343.82		10.80	.414		87.60		4.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
00001.11 1.001111111 1011111	ŭ	•	~		~		.000	~	.00	~	

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,647
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PLACER COUNTY	SUMMARY OF SERV	VICES FOR IIILI	r ii Di	ISKEGARD - DISABLE	D AII	CODES 36					
							Mo			-	
1,195 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	586	\$	19,879.01	\$	33.92	.490	\$	279.99	\$	16.64
COMM HOSP INPATIENT TOTAL	9	72		13,985.66		194.25	.060		1553.96		11.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	72		13,985.66		194.25	.060		1553.96		11.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	64	514		5,893.35		11.47	.430		92.08		4.93
MEDICAL	1	1		81.99		81.99	.001		81.99		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		110.37		11.04	.008		36.79		.09
RADIOLOGY	3	4		200.41		50.10	.003		66.80		.17
ROOM USE	4	4		156.76		39.19	.003		39.19		.13
CROSSOVERS/ALL OTH OUTPTNT	61	495		5,343.82		10.80	.414		87.60		4.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	107	\$	16,488.97	\$	154.10	.090	\$	3297.79	\$	13.80
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	107		16,488.97		154.10	.090		3297.79		13.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś		\$.00
ICF DDH	0	0	т.	.00	-	.00	.000	т	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	16	\$	7,560.99	\$	472.56	.013	Ś	504.07	\$	6.33
HOSPITAL BASED	0	0	~	.00	~	.00	.000	٣	.00	~	.00
HEMODIALYSIS CENTER	15	16		7,560.99		472.56	.013		504.07		6.33
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	O	0		.00			.000		. 00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	42	\$	458.98	\$	10.93	.035	\$	51.00	\$.38
PATHOLOGY	7	39		441.26		11.31	.033		63.04		.37
XO AND OTHERS	2	3		17.72		5.91	.003		8.86		.01
@ORGANIZED OUTPATIENT CLINIC	93	158	\$	16,743.73	\$	105.97	.132	\$	180.04	\$	14.01
CLINIC	4	4		111.57		27.89	.003		27.89		.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	89	154		16,632.16		108.00	.129		186.88		13.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,648
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR TITLE I	I DI	SREGARD - DISABLED) AII	CODES 36	66 6C				
							M	ONT	HLY AVERA	GE	

					MON	THLY AVERAG	3E
1,195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	177	3,392 \$	31,573.17	\$ 9.31	2.838 \$	178.38	\$ 26.42
DURABLE MED. EQUIP.	6	17	3,189.59	187.62	.014	531.60	2.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	34	1,794	4,375.56	2.44	1.501	128.69	3.66
AMBULANCES/AIR TRANS	1	22	192.75	8.76	.018	192.75	.16
OTHER TRANS	31	1,749	4,049.62	2.32	1.464	130.63	3.39
OTHER SERVICES	2	23	133.19	5.79	.019	66.60	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	112	7,752.92	69.22	.094	596.38	6.49
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	51	609.54	11.95	.043	30.48	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	59.62	11.92	.004	14.91	.05
PROSTHETICS	4	5	59.62	11.92	.004	14.91	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	55	248	9,080.96	36.62	.208	165.11	7.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	71	1,164	6,399.98	5.50	.974	90.14	5.36
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	230	4,217 \$	68,789.78	\$ 16.31	3.529 \$	299.09	\$ 57.56

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,649 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

I EFFCER COOKIT	DOINIMET OF DERIVE	,00 1010 11110 1		TOTAL TITLETED	_	7 10 0014 1 1140	<i>-</i>				
							Mo	ГИC	HLY AVERA	.GE	
00 ELIGIBLES	USERS U	NITS OF SERVICE	C	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDEVENTIVE CADE	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		-					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00		.000	.00	.00
	0	0		.00			
IMMUNIZATION AND INJECTION	U	· ·	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
ANESTHESIA	0	0		.00	.000	.00	
PERIODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MON					PAGE 9,650
MOP024	FEE-FOR-SERVICE		NIII-OF-PAIMENT RE.	PORT FOR UAN Z	OUS TIMO DEC	2003	01/29/04
			DECADD BAMILIES	DIGGONIIIII	TID.		01/29/04
PLACER COUNTY	SUMMARY OF SERV.	ICES FOR TITLE II DISF	REGARD - FAMILIES	DISCONTINU			
0.0 51 76757 56	11077	INITES OF SERVICE			MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	_	0	.00	.00	.000	.00	.00
	0	U					
@CHIROPRACTOR	0						\$.00
@CHIROPRACTOR VISITS			.00	\$.00	.000 \$.00	•
VISITS	0	0 \$ 0	.00	\$.00 .00	.000 \$.000	.00	.00
VISITS OTHER SERVICES	0 0 0	0 \$ 0 0	.00 .00 .00	\$.00 .00 .00	.000 \$.000 .000	.00 .00 .00	.00
VISITS OTHER SERVICES @PODIATRIST	0 0 0 0	0 \$ 0 0 0 \$.00 .00 .00 .00	\$.00 .00 .00 \$.00	.000 \$.000 .000 .000 \$.00 .00 .00	.00
VISITS OTHER SERVICES	0 0 0	0 \$ 0 0	.00 .00 .00	\$.00 .00 .00	.000 \$.000 .000	.00 .00 .00	.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

	•	•		0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-I	PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE 9,651
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD -	- FAMILIES	DISCONTINUE	D		
					_	MONTH	HLY AVERAG	E

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 200	3 THRU	DEC	2003	PAGE	9,652
MOP024	FEE-FOR-SERVICE/DENTAL									C	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISR	EGARD - FAMILIES	3	DISCONTINUED					

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 .00 @CALIF. CHILDREN SERVICES* \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY	SUMMARY OF SERVI	CES FOR TITLE I	I DI	SREGARD - TOTAL						
						M				
2,432 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST	
		OR DAYS OF CARE	4.		PER UNIT/DAY				ELIG	
@TOTAL, ALL PROVIDERS	2,109	70,555	\$	1,099,916.47	\$ 15.59	29.011	\$ 523	53		2.27
@PHYSICIANS SERVICES	338	1,208	\$	13,889.08	\$ 11.50	.497		09	\$	5.71
OUTPATIENT VISITS	8	8		307.02	38.38	.003		3.38		.13
OFFICE VISITS	4	4		117.08	29.27	.002	29	27		.05
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	2	2		68.98	34.49	.001	34	1.49		.03
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	2		120.96	60.48	.001	60	.48		.05
OTHER OUTPATIENT	_	<u>_</u>		.00	.00	.000		.00		.00
INPATIENT VISITS	1	1		53.79	53.79	.000		3.79		.02
HOSPITAL VISITS	1	1		53.79	53.79	.000		3.79		.02
CRITICAL CARE	0	0		.00	.00	.000	5.	.00		.00
	0	0		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00					
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	U		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	1	4		119.37	29.84	.002	119	3.37		.05
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		119.37	29.84	.002	119	3.37		.05
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	6	5		346.07	69.21	.002	5.	7.68		.14
PSYCHIATRY	0	n n		.00	.00	.000	3	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	326	1,190		13,062.83	10.98	.489	11	0.07		5.37
	1,950	55,012	\$	792,938.46	\$ 14.41	22.620				6.04
@PHARMACY			Ą					5.64		
PRESCRIPTION DRUGS	1,933	8,967		748,494.32	83.47	3.687		7.22		7.77
SNF/ICF	39	349		19,629.50	56.24	.144		3.32		8.07
OUTPATIENTS	1,901	8,618		728,864.82	84.57	3.544		3.41		9.70
MEDICAL SUPPLIES	192	46,045		44,444.14	.97	18.933		.48		8.27
@DENTIST	119	350	\$	23,425.00	\$ 66.93	.144		.85	•	9.63
VISITS - DIAGNOSTIC	68	187		3,040.00	16.26	.077		1.71		1.25
ORAL SURGERY	11	23		977.00	42.48	.009	88	3.82		.40
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	6	6		573.00	95.50	.002	9!	5.50		.24
ENDODONTICS	11	13		2,751.00	211.62	.005	250	0.09		1.13
RESTORATIVE DENTISTRY	45	87		8,974.00	103.15	.036	199	.42		3.69
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	16	26		7,110.00	273.46	.011	444	1.38		2.92
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ô	ñ		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	n		.00	.00	.000		.00		.00
ALL OTHER SERVICES	О Л	Ω		.00	.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CVI GEDMICE	יטוייידטואיםטעים מואע ב ס		.00 IONTH-OF-PAYMENT RE			טבר טטט		D א כי בי	9,654
MOP024			ויו כים	ONITI-OF-PAIMENT RE	FORT FOR UAIN .	ZUUS INKU	DEC 200.	,		/29/04
	FEE-FOR-SERVICE/		T D-	CBECABD TOTAL					UI	/ 49/ 04
PLACER COUNTY	SUMMARY OF SERVI	CEO FOR IIILE I.	ד אד	SKEGAKD - IUIAL		M		ر در تا تا ۲۲	יתי	
2 422 BLIGIDIES	Hanna			EXPENDIBLE	**************************************				7E	

2,432 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	54	127	\$	2,323.88	\$	18.30	.052	\$	43.03	\$.96
DIAGNOSTIC AND ANC. PROCED	7	7		268.26		38.32	.003		38.32		.11
EYE APPLIANCES	40	109		1,760.22		16.15	.045		44.01		.72
OTHER OPTOMETRIC SERVICES	12	11		295.40		26.85	.005		24.62		.12
@CHIROPRACTOR	3	3	\$	35.99	\$	12.00	.001	\$	12.00	Ş	.01
VISITS	3	0		.00 35.99		.00 12.00	.000 .001		.00 12.00		.00
OTHER SERVICES @PODIATRIST	35 35	50	\$	587.48	Ġ	11.75	.021	\$		\$.01 .24
MEDICINE/INJECTIONS	1	1	Ÿ	16.05	Ÿ	16.05	.000	Ÿ	16.05	Y	.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	34	49		571.43		11.66	.020		16.81		. 23
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$	19.97	\$	2.50	.003	\$	19.97	\$.01
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00 .00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	154	1,365	ې خ	43,385.17	\$ \$	31.78	.561	\$	281.72	\$ \$	17.84
HOSP INPATIENT TOTAL	25	124	Ų	26,649.89	Ą	214.92	.051	Ą	1066.00	Ą	10.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0 25	0		.00 26,649.89		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	∠5 0	124 0		20,649.89		214.92 .00	.051 .000		1066.00		10.96 .00
HOSP OUTPATIENT TOTAL	135	1,241		16,735.28		13.49	.510		123.97		6.88
MEDICAL	1	1		81.99		81.99	.000		81.99		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		110.37		11.04	.004		36.79		.05
RADIOLOGY	3	4		200.41		50.10	.002		66.80		.08
ROOM USE	5	5		189.62		37.92	.002		37.92		.08
CROSSOVERS/ALL OTH OUTPINT		1,221	4	16,152.89	4	13.23	.502	4	122.37	4	6.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		.00		.00	.000		.00		.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00 .00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	PA	GE 9,655
MOP024	FEE-FOR-SERVICE		TT DI								01/29/04
PLACER COUNTY	SUMMARI OF SERV	/ICES FOR TITLE	דד א	LOKEGAKD - IOIAL			Mo	יידער	HIY AWERA	GE -	
2,432 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:				OST PER
		OR DAYS OF CAR					PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	1,365	\$	43,385.17	\$	31.78	.561	\$	281.72	\$	17.84

COMM HOSP INPATIENT TOTAL	25	124	26,649.89	214.92	.051	1066.00	10.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	124	26,649.89	214.92	.051	1066.00	10.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	135	1,241	16,735.28	13.49	.510	123.97	6.88
MEDICAL	1	1	81.99	81.99	.000	81.99	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	110.37	11.04	.004	36.79	.05
RADIOLOGY	3	4	200.41	50.10	.002	66.80	.08
ROOM USE	5	5	189.62	37.92	.002	37.92	.08

CROSSOVERS/ALL OTH OUTPTNT	132	1,221		16,152.89		13.23	.502		122.37		6.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	31	793	\$	98,799.19	\$	124.59	.326	\$	3187.07	\$	40.62
LEV A-INTERMEDIATE	2	77		5,231.38		67.94	.032		2615.69		2.15
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	716		93,567.81		130.68	.294		3226.48		38.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	16	17	\$	7,782.33	\$	457.78	.007	\$	486.40	\$	3.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	17		7,782.33		457.78	.007		486.40		3.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	45	\$	471.27	\$	10.47	.019	\$	42.84	\$.19
PATHOLOGY	7	39		441.26		11.31	.016		63.04		.18
XO AND OTHERS	4	6		30.01		5.00	.002		7.50		.01
@ORGANIZED OUTPATIENT CLINIC	141	246	\$	22,978.40	\$	93.41	.101	\$	162.97	\$	9.45
CLINIC	4	4		111.57		27.89	.002		27.89		.05
SURGICENTER	2	2		406.36		203.18	.001		203.18		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	135	240		22,460.47		93.59	.099		166.37		9.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES	MONTH-OF-PAYMENT RE	EPORT	r for jan	2003 THRU	DEC	2003	PI	AGE 9,656
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE	II D	DISREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

2,432 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	379	11,331 \$	93,280.25	\$ 8.23	4.659	3 246.12	\$ 38.36
DURABLE MED. EQUIP.	10	30	9,168.96	305.63	.012	916.90	3.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,889.89	629.96	.001	629.96	.78
MEDICAL TRANSPORTATION	80	8,840	20,274.69	2.29	3.635	253.43	8.34
AMBULANCES/AIR TRANS	2	26	310.56	11.94	.011	155.28	.13
OTHER TRANS	74	8,776	19,808.86	2.26	3.609	267.69	8.15
OTHER SERVICES	4	38	155.27	4.09	.016	38.82	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	35	274	18,970.65	69.24	.113	542.02	7.80
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	31	405	17,891.68	44.18	.167	577.15	7.36
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	96	1,209.58	12.60	.039	28.13	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	16	10.43	.65	.007	1.30	.00
PROSTHETIST/ORTHOTISTS	5	6	63.48	10.58	.002	12.70	.03
PROSTHETICS	5	6	63.48	10.58	.002	12.70	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	62	260	9,449.12	36.34	.107	152.41	3.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	149	1,400	14,246.77	10.18	.576	95.62	5.86
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	582	6,035	\$ 119,907.80	\$ 19.87	2.481	\$ 206.03	\$ 49.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,657 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

@PHYSICIANS SERVICES 90 231 \$ 3,878.06 \$ 16.79 .182 \$ 43.09 \$ 3 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 .00	BLE 0.70 3.06 .00 .00 .00 .00 .00 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGI	BLE 0.70 3.06 .00 .00 .00 .00 .00 .00
@TOTAL, ALL PROVIDERS 894 51,786 \$ 393,964.77 \$ 7.61 40.841 \$ 440.68 \$ 310 @PHYSICIANS SERVICES 90 231 \$ 3,878.06 \$ 16.79 .182 \$ 43.09 \$ 3 OUTPATIENT VISITS 0 0 .00	0.70 3.06 .00 .00 .00 .00 .00 .00 .00
@PHYSICIANS SERVICES 90 231 \$ 3,878.06 \$ 16.79 .182 \$ 43.09 \$ 3 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 .00	3.06 .00 .00 .00 .00 .00 .00
OUTPATIENT VISITS 0 0 .00	.00
OFFICE VISITS 0 0 .00 .00 .00 .00 .00 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .00 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00 INPATIENT VISITS 0 0 .00 .00 .00 .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00
EMERGENCY ROOM 0 0 .00 .00 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .00 .00 INPATIENT VISITS 0 0 .00 .00 .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00 .00 .00 .00
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .00 .00 INPATIENT VISITS 0 0 .00 .00 .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00 INPATIENT VISITS 0 0 .00 .00 .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 .00	.00
	.00
1111102001	.03
* *************************************	.00
	.00
	3.03
	3.80
	9.03
	1.32
	1.71
· ·	1.77
	5.96
VISITS - DIAGNOSTIC 16 55 756.00 13.75 .043 47.25	.60
ORAL SURGERY 8 24 876.00 36.50 .019 109.50	.69
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00
PERIODONTICS 0 0 .00 .00 .00 .00	.00
	.96
	2.07
PROSTHETICS 0 0 .00 .00 .00 .00	.00
	2.63
SPACE MAINTAINERS 0 0 .00 .00 .00 .00	.00

0 0 .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES .000 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00 .00

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPE	PORT - AGED		AID CODE				
									NTHLY AVERA	GE.	
1,268 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	15		39	\$	929.25	\$	23.83	.031	\$ 61.95	\$.73
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.001	47.45		.04
EYE APPLIANCES	11		32		559.75		17.49	.025	50.89		.44
OTHER OPTOMETRIC SERVICES	4		6		322.05		53.68	.005	80.51		.25
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	·	.00	·	.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	13		13	\$	95.18	\$	7.32	.010		Ġ	.08
MEDICINE/INJECTIONS	0		0	Υ	.00	Υ	.00	.000	.00	~	.00
SURGERY/ANES.	0		Ö		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	13		13		95.18		7.32	.010	7.32		.08
@HOME HEALTH AGENCY	0		0	\$.00	Ś	.00	.000		\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	•	\$.00
NURSE MIDWIFE	0		0	\$.00	Ġ	.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	ب ب		\$.00	.000		\$.00
@TOTAL HOSPITAL	43		309	<u>ن</u> ب		۶ \$	37.67	.244		\$	9.18
	11		309	Ą	11,641.06 8,412.63	Ą	254.93	.026	764.78	Ą	6.63
HOSP INPATIENT TOTAL HSC HOSPITALS	0		0		•		.00	.000	.00		.00
	0				.00						
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	11		33		8,412.63		254.93	.026	764.78		6.63
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	32		276		3,228.43		11.70	.218	100.89		2.55
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	1		1		191.27		191.27	.001	191.27		.15
ROOM USE	1		1		33.00		33.00	.001	33.00		.03
CROSSOVERS/ALL OTH OUTPTNT			274		3,004.16		10.96	.216	93.88		2.37
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	•	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 309 \$ 11,641.06 \$ 37.67 .244 \$ 270.72 \$ 9.18 33 8,412.63 254.93 .026 764.78 6.63 1,268 ELIGIBLES USERS @COMMUNITY HOSPITAL TOTAL 43
COMM HOSP INPATIENT TOTAL 11
HSC HOSPITALS @STATE HOSPITAL DEVELOP. DISABLED @NURSING FACILITY @INTERMEDIATE CARE FACIL.-DD HEMODIALYSIS CENTER
@REHABILITATION FACILITY @LABORATORY FACILITY
PATHOLOGY
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC 13
CLINIC 0
SURGICENTER 2 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,660 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 01/29/04

1,268 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	257	5,316	\$ 102,004.72	\$ 19.19	4.192	\$ 396.91	\$ 80.45
DURABLE MED. EQUIP.	1	1	79.88	79.88	.001	79.88	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,839.69	262.81	.006	306.62	1.45
MEDICAL TRANSPORTATION	18	597	1,596.43	2.67	.471	88.69	1.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	17	593	1,580.93	2.67	.468	93.00	1.25
OTHER SERVICES	1	4	15.50	3.88	.003	15.50	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	95	1,120	77,816.49	69.48	.883	819.12	61.37
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	18	68	5,481.90	80.62	.054	304.55	4.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	22	248.02	11.27	.017	27.56	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	4	8	66.89	8.36	.006	16.72	.05
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.002	45.98	.04
PROSTHETICS	1	2	45.98	22.99	.002	45.98	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	18.85	18.85	.001	18.85	.01
SPEECH AND AUDIOLOGY	7	9	3,215.98	357.33	.007	459.43	2.54
HOSPICE SERVICES	1	19	2,097.79	110.41	.015	2097.79	1.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	108	3,462	9,496.82	2.74	2.730	87.93	7.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	220	7,144	\$ 34,564.57	\$ 4.84	5.634	\$ 157.11	\$ 27.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,661
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

					MON'	THLY AVERAGE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	5,540 \$	22,727.97	\$ 4.10	230.833 \$	947.00 \$	947.00
@PHYSICIANS SERVICES	1	3 \$	86.53	\$ 28.84	.125 \$	86.53 \$	3.61
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	86.53	28.84	.125	86.53	3.61
@PHARMACY	24	1,883 \$	7,246.49	\$ 3.85	78.458 \$	301.94 \$	301.94
PRESCRIPTION DRUGS	24	95	5,598.09	58.93	3.958	233.25	233.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	95	5,598.09	58.93	3.958	233.25	233.25
MEDICAL SUPPLIES	12	1,788	1,648.40	.92	74.500	137.37	68.68
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00

VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MONTH-	OF-PAYMENT	REPORT FOR JA	N 2003 THRU	DEC 2003	PAGE	9,662
MOP024	FEE-FOR-SERVICE/D	ENTAL						01	/29/04
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR IN HOM	E SUPPORT	- BLIND	AID CC	DE 28			
						N	MONTHLY AVERA	GE	
24 ELIGIBLES	USERS UI	NITS OF SERVIC	E E	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	COST	PER
	(OR DAYS OF CAR	Ε		PER UNIT/D	AY PER ELIC	USER	ELIG	IBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

							M	TNC	HLY AVERA	GΕ	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	-	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	\$.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	1	15	Š	167.47	Š	11.16	.625	Š	167.47	Š	6.98
HOSP INPATIENT TOTAL	0	0	т	.00	т	.00	.000	Ψ.	.00	Υ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	15		167.47		11.16	.625		167.47		6.98
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Õ		.00		.00	.000		.00		.00
RADIOLOGY	0	Õ		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	15		167.47		11.16	.625		167.47		6.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ġ	.00	.000	Ġ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	ų	.00	ų	.00	.000	Ą	.00	ų	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00

ADMINI CEDA ELLE DAVIC	0	0		0.0		0.0	0.00	0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	U	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT F	REPORT FO	R JAN	2003 THRU DE	C 2003	PA	GE 9,663
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	E SUPI	PORT - BLIND	AI	D CODE	28			
							MON	THLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	C		PER UN	IT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	15	\$	167.47	\$ 1	1.16	.625 \$	167.47	\$	6.98
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	Ŏ	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1	15		167.47	1	1.16	.625	167.47		6.98
MEDICAL	0	0		.00	_	.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	15		167.47	1	1.16	.625	167.47		6.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000 \$.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		۲.	.00
	0	0	Ą	.00	Ş			.00	Ą	
LEV A-INTERMEDIATE	0	0				.00	.000			.00
LEV B-REHAB MD	0	•		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
LEV B-REGULAR	Ü	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00

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ICF DD

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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

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@ORGANIZED OUTPATIENT CLINIC CLINIC	11 0	0	\$ 1,887.05 .00	\$ 82.05 .00	.958 \$.000	171.55 .00	\$	78.63 .00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	11	23	1,887.05	82.05	.958			78.63
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		S MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DEC	2003	PA	GE 9,664 01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - BLIND	AID CODE	28			
					MONT	THLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
	21	OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	21	3,616	\$ 13,340.43		150.667 \$	635.26	\$	555.85
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	12	120	8,341.84	69.52	5.000	695.15		347.58
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	6	2,117	4,065.29	1.92	88.208	677.55		169.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	7	1,379	933.30	.68	57.458	133.33		38.89
@CALIF. CHILDREN SERVICES*	7	•	\$ 122.31		.125 \$	40.77	Ċ	5.10
@XOVER EXCLUDING STATE HOSP**	2		\$ 254.00		.750 \$	127.00		10.58
@* TOTALS IN THESE LINES ARE				δ T.T.T.	.750 Ş	127.00	Ą	10.50
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I								
			ve. S MONTH-OF-PAYMENT F	MY GOD TAM	מען זומנו אינטנו	2002	D 7	GE 9,665
MOP024	FEE-FOR-SERVICE		S MONTH-OF-PAIMENT F	REPORT FOR JAN	ZUUS IRKU DEC	2003	PA	01/29/04
PLACER COUNTY			SUPPORT - DISABLED	AID CODE	6.0			01/29/04
PLACER COUNTY	SUMMARI OF SERV	ICES FOR IN HOME	SUPPORT - DISABLED	AID CODE	MONT	א מישווא ער דעי	CE	
674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
0/4 FILGIBLES		OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	600		\$ 434,422.50	- '	81.353 \$	721.63		644.54
· · · · · · · · · · · · · · · · · · ·	602 105 13	•	•	•				
@PHYSICIANS SERVICES	105	303 16	\$ 6,572.45 667.83	\$ 21.69 41.74	.450 \$.024	62.59 51.37	Ą	9.75 .99
OUTPATIENT VISITS	13 7	8	314.87			51.37 44.98		
OFFICE VISITS	0			39.36	.012			.47
HOME VISITS	0	0	.00	.00	.000	.00		.00

216.16

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502.49

108.08

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INPATIENT VISITS

EMERGENCY ROOM

PREVENTIVE CARE

OTHER OUTPATIENT

OB VISITS/COMPRE PERI

0

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HOSPITAL VISITS	5	10	502.49	50.25	.015	100.50	.75
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.09
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	896.03	149.34	.009	298.68	1.33
PRINCIPAL SURGEON	2	2	698.07	349.04	.003	349.04	1.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	4	197.96	49.49	.006	98.98	.29
OUTPATIENT SURGERY	2	8	286.87	35.86	.012	143.44	.43
PRINCIPAL SURGEON	1	1	125.47	125.47	.001	125.47	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.010	161.40	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	9	23		1,040.84		45.25	.034		115.65		1.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	86	239		3,120.60		13.06	.355		36.29		4.63
@PHARMACY	554	36,810	\$	320,035.75	\$	8.69	54.614	ė.		ċ,	474.83
			Ą		Ą			Ą		Ą	
PRESCRIPTION DRUGS	517	2,696		293,199.74		108.75	4.000		567.12		435.01
SNF/ICF	4	56		3,178.34		56.76	.083		794.59		4.72
OUTPATIENTS	514	2,640		290,021.40		109.86	3.917		564.24		430.30
MEDICAL SUPPLIES	124	34,114		26,836.01		.79	50.614		216.42		39.82
@DENTIST	28	136	\$	9,091.00	\$	66.85	.202	\$	324.68	\$	13.49
VISITS - DIAGNOSTIC	19	72		947.00		13.15	.107		49.84		1.41
ORAL SURGERY	3	25		971.00		38.84	.037		323.67		1.44
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	ő		.00		.00	.000		.00		.00
PERIODONTICS	2	3		600.00		200.00	.004		300.00		.89
	2	3									
ENDODONTICS	Τ			805.00		268.33	.004		805.00		1.19
RESTORATIVE DENTISTRY	9	22		1,323.00		60.14	.033		147.00		1.96
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	11		4,445.00		404.09	.016		740.83		6.59
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	ő		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			י בים ו	MONTH-OF-PAYMENT R	יםסמיו			ספת		ח	AGE 9,666
			CEO I	MONIH-OF-PAIMENI R	CEPUR.	I FOR JAN	2003 IRKU	DEC	. 2003	PI	
MOP024	FEE-FOR-SERVICE		. ~				60				01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUL	PPORT - DISABLED		AID CODE					
									HLY AVERA		
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@OPTOMETRIST	8	24	\$	363.39	\$	15.14	.036	\$	45.42	\$.54
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.001		47.45		.07
EYE APPLIANCES	6	17		286.90		16.88	.025		47.82		.43
OTHER OPTOMETRIC SERVICES	3	6		29.04		4.84	.009		9.68		.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	~	.00	٧	.00	.000	~	.00	~	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	17	63	4		4			4		4	
@PODIATRIST			\$	861.69	\$	13.68	.093	Ş	50.69	Ş	1.28
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	17	63		861.69		13.68	.093		50.69		1.28
@HOME HEALTH AGENCY	3	8	\$	598.88	\$	74.86	.012	\$	199.63	\$.89
NURSE ANESTHESIST	2	24	\$	59.06	\$	2.46	.036	\$	29.53	\$.09
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	57	527	Ġ	35,613.18	\$	67.58		\$	624.79	\$	52.84
	13	60	Ą	23,904.75	Ą	398.41	.089	Ą	1838.83	Ą	35.47
HOSP INPATIENT TOTAL				•							
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	./		15,229.96		2175.71	.010		7614.98		22.60
ACCOMMODATIONS	2	7		4,158.20		594.03	.010		2079.10		6.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	7		4,158.20		594.03	.010		2079.10		6.17
ANCILLARIES	2	0		11,071.76		.00	.000		5535.88		16.43
INPATIENT CROSSOVERS	11	53		8,674.79		163.68	.079		788.62		12.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	46	467		11,708.43		25.07	.693		254.53		17.37
				•							
MEDICAL	3	4		58.66		14.67	.006		19.55		.09

SURGERY	1	1			69.54		69.54	.00	1	69.54		.10
PATHOLOGY	5	57			305.59		5.36	.08		61.12		.45
RADIOLOGY	3	38			2,399.04		63.13	.05		799.68		3.56
ROOM USE	4	22			1,123.41		51.06	.03		280.85		1.67
CROSSOVERS/ALL OTH OUTPTN	44	345			7,752.19		22.47	.51		176.19		11.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		0 \$		Ś	.00
CO HOSPITAL INPATIENT TOTAL	-	0	Ą		.00	Ą	.00	.00		.00	Ą	.00
HSC HOSPITALS	. 0	0			.00		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.00		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.00		.00		.00
	0	0			.00		.00	.00		.00		
ADMINISTRATIVE DAYS	0	0										.00
TRANSITIONAL IP CARE	0	0			.00		.00	.00		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.00		.00		.00
ANCILLARIES	0	0			.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.00		.00		.00
MEDICAL	0	0			.00		.00	.00		.00		.00
SURGERY	0	0			.00		.00	.00		.00		.00
PATHOLOGY	0	0			.00		.00	.00		.00		.00
RADIOLOGY	0	0			.00		.00	.00		.00		.00
ROOM USE	0	0			.00		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTN		0			.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THR	J DE	C 2003	PF	AGE 9,667
MOP024	FEE-FOR-SERVICE											01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT - :	DISABLED		AID CODE	68				
										THLY AVERA	GE -	
674 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXP	ENDITURES	AVI	ERAGE COST	UNITS/D	AYS	COST PER		COST PER
		OR DAYS OF CARE	C			PEF	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	527	\$		35,613.18	\$	67.58	.78	2 \$	624.79	\$	52.84
COMM HOSP INPATIENT TOTAL	13	60			23,904.75		398.41	.08	9	1838.83		35.47
HSC HOSPITALS	0	0			.00		.00	.00	0	.00		.00
NON-HSC HOSPITALS TOTAL	2	7			15,229.96		2175.71	.01	0	7614.98		22.60
ACCOMMODATIONS	2	7			4,158.20		594.03	.01	0	2079.10		6.17
ADMINISTRATIVE DAYS	0	0			.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	2	7			4,158.20		594.03	.01	0	2079.10		6.17
ANCILLARIES	2	0			11,071.76		.00	.00	0	5535.88		16.43
INPATIENT CROSSOVERS	11	53			8,674.79		163.68	.07		788.62		12.87
ALL OTHER INPATIENT	0	0			.00		.00	.00	0	.00		.00
COMM HOSP OUTPATIENT TOTAL	46	467			11,708.43		25.07	.69		254.53		17.37
MEDICAL	3	4			58.66		14.67	.00	6	19.55		.09
SURGERY	1	1			69.54		69.54	.00		69.54		.10
PATHOLOGY	_ 5				305.59		5.36	.08		61.12		.45
RADIOLOGY	3	38			2,399.04		63.13	.05		799.68		3.56
ROOM USE	4	22			1,123.41		51.06	.03		280.85		1.67
CROSSOVERS/ALL OTH OUTPTN	44	345			7,752.19		22.47	.51		176.19		11.50
@STATE HOSPITAL	0	0	\$.00	Ġ	.00		0 \$		\$.00
MENTALLY ILL	0	0	-		.00	-	.00	.00		.00	-	.00
DEVELOP. DISABLED	0	0			.00		.00	.00		.00		.00
@NURSING FACILITY	3	i 1	\$		3,174.21	\$	3174.21	.00		1058.07	\$	4.71
LEV A-INTERMEDIATE	0	0	~		.00	~	.00	.00		.00	~	.00
LEV B-REHAB MD	0	0			.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0			.00		.00	.00		.00		.00
LEV B-SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.00		.00		.00
LEV B-REGULAR	3	1			3,174.21		3174.21	.00		1058.07		4.71
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		0 \$		\$.00
ICF DDH	0	0	Ą		.00	Ą	.00	.00		.00	ų	.00
ICF DDH ICF DD	0	0			.00		.00	.00		.00		.00
TCL DD	U	U			.00		.00	.00	U	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	4	18	\$	249.89	\$	13.88	.027		\$.37
	4	18	Ą		Ą			•	Ą	
PATHOLOGY	4			249.89		13.88	.027	62.47		.37
XO AND OTHERS	0	0		.00	4.	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	54	94	\$	10,928.10	\$	116.26	.139	•	\$	16.21
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	54	94		10,928.10		116.26	.139	202.37		16.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONT		EPORT		2003 THRU D	EC 2003	PAG	E 9,668
MOP024	FEE-FOR-SERVICE									01/29/04
PLACER COUNTY		CES FOR IN HOME	GLIDDUB	T - DISABI.FD		AID CODE	68			01/25/01
PHACER COUNTY	SUMMAKI OF SERVI	CES FOR IN HOME	SUPPOR	I - DISABLED		AID CODE		NTHLY AVERA	C E	
C74 BLICIDIEC	HGEDG	INITES OF SERVICE			74 7 7 7 7					CE DED
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			ST PER
	1.50	OR DAYS OF CARE		46 054 00			PER ELIG	USER		IGIBLE
@ALL OTHER PROVIDERS	153	16,824	Ş	46,874.90	\$	2.79	24.961		\$	69.55
DURABLE MED. EQUIP.	11	54		9,252.45		171.34	.080	841.13		13.73
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	15	342		1,045.81		3.06	.507	69.72		1.55
AMBULANCES/AIR TRANS	1	15		182.32		12.15	.022	182.32		.27
OTHER TRANS	14	339		885.41		2.61	.503	63.24		1.31
OTHER SERVICES	0	12CR		21.920	'R	1.83	.018CR			.03CR
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	12	226				69.39	.335	1306.93		23.27
	0	0		15,683.12						
GENETIC DISEASE TESTING	-	-		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	9	22		242.87		11.04	.033	26.99		.36
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	17	67		3,478.15		51.91	.099	204.60		5.16
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
	7	3,477		4,845.67		1.39	5.159	692.24		7.19
LOCAL EDUCATION AGENCIES	/	3,4//		•						
EPSDT SUPPLEMENTAL SERVICE	U	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	U	U		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	105	12,636		12,326.83		.98	18.748	117.40		18.29
@CALIF. CHILDREN SERVICES*	8	70	\$	7,454.76	\$	106.50	.104	\$ 931.85	\$	11.06
@XOVER EXCLUDING STATE HOSP**	214	13,316	\$	30,667.71	\$	2.30	19.757	\$ 143.31	\$	45.50
@* TOTALS IN THESE LINES ARE		TE INFORMATION I	TEM ONL		•				•	
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE		H-OF-DAVMENT P	EDOBA	TAN TAN	מ זואדי 2003	EC 2003	PZC	E 9,669
MOP024	FEE-FOR-SERVICE		LO MONT	11 01 11111111111111111	01(1	1010 01110	2005 IIIIO D	10 2005		01/29/04
PLACER COUNTY		CES FOR IN HOME	מטממוזס	יד _ יד∩יד∧ד						U1/49/U4
FLACER COUNTY	DOMINANT OF BERVI	CES FOR IN HOME	SUPPUR	T - TOTAL				MTHI.V AMEDA	CE	

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -----1,966 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

ATOTAL ALL DROUTDERS	1,520	110 1E0 ċ	851,115.24	ċ 7 E0	E7 040	ċ EEO 04	\$ 432.92
@TOTAL, ALL PROVIDERS		112,158 \$		\$ 7.59		\$ 559.94	•
@PHYSICIANS SERVICES	196	537 \$	10,537.04	\$ 19.62		\$ 53.76	\$ 5.36
OUTPATIENT VISITS	13	16	667.83	41.74	.008	51.37	.34
OFFICE VISITS	7	8	314.87	39.36	.004	44.98	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.001	108.08	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6	136.80	22.80	.003	34.20	.07
INPATIENT VISITS	5	10	502.49	50.25	.005	100.50	.26
HOSPITAL VISITS	5	10	502.49	50.25	.005	100.50	.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.03
SERVICES AND MATERIALS	0	0 6	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	896.03	149.34	.003	298.68	.46
PRINCIPAL SURGEON	2	2	698.07	349.04	.001	349.04	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	4	197.96	49.49	.002	98.98	.10
OUTPATIENT SURGERY	2	8	286.87	35.86	.004	143.44	.15
PRINCIPAL SURGEON	<u></u>	1	125.47	125.47	.001	125.47	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.004	161.40	.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	10	24	1,078.57	44.94	.012	107.86	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	Ö	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	176	472	7,047.46	14.93	.240	40.04	3.58
@PHARMACY	1,348	83,961 \$	534,979.88	\$ 6.37	42.707		
	1,286	6,091		80.08	3.098	379.29	248.10
PRESCRIPTION DRUGS	22		487,771.81	42.64	.103	393.46	4.40
SNF/ICF	1,268	203 5,888	8,656.13	81.37	2.995	377.85	243.70
OUTPATIENTS			479,115.68				
MEDICAL SUPPLIES	275	77,870	47,208.07	.61	39.608	171.67	24.01
@DENTIST	61	267 \$	17,911.00	\$ 67.08		\$ 293.62	•
VISITS - DIAGNOSTIC	35	127	1,703.00	13.41	.065	48.66	.87
ORAL SURGERY	11	49	1,847.00	37.69	.025	167.91	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	3	600.00	200.00	.002	300.00	.31
ENDODONTICS	4	9	2,026.00	225.11	.005	506.50	1.03
RESTORATIVE DENTISTRY	21	50	3,953.00	79.06	.025	188.24	2.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	29	7,782.00	268.34	.015	707.45	3.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	I 2003 THRU D	EC 2003	PAGE 9,670
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY	SUMMARY OF SERV	JICES FOR IN HOME SUPP	PORT - TOTAL				
						NTHLY AVERA	
1,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	23	63 \$	1,292.64	\$ 20.52	.032		•
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.001	47.45	.05
EYE APPLIANCES	17	49	846.65	17.28	.025	49.80	.43
OTHER OPTOMETRIC SERVICES	7	12	351.09	29.26	.006	50.16	.18

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	30	76	\$ 956.87	\$ 12.59	.039	\$ 31.90	\$.49
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	30	76	956.87	12.59	.039	31.90	.49
@HOME HEALTH AGENCY	3	8	\$ 598.88	\$ 74.86	.004	\$ 199.63	\$.30
NURSE ANESTHESIST	2	24	\$ 59.06	\$ 2.46	.012	\$ 29.53	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	101	851	\$ 47,421.71	\$ 55.72	.433	\$ 469.52	\$ 24.12
HOSP INPATIENT TOTAL	24	93	32,317.38	347.50	.047	1346.56	16.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	2	7	15,229.96	2175.71	.004	7614.98	7.75
ACCOMMODATIONS	2	7	4,158.20	594.03	.004	2079.10	2.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	4,158.20	594.03	.004	2079.10	2.12
ANCILLARIES	2	0	11,071.76	.00	.000	5535.88	5.63
INPATIENT CROSSOVERS	22	86	17,087.42	198.69	.044	776.70	8.69
	0	0	,	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0 79	758	.00 15,104.33	19.93	.386	191.19	7.68
MEDICAL	3	4	58.66	14.67	.002	19.55	.03
SURGERY		1	69.54	69.54	.002	69.54	.03
		57	305.59	5.36	.029	61.12	.16
PATHOLOGY	5	39					
RADIOLOGY	4		2,590.31	66.42	.020	647.58	1.32
ROOM USE	5	23	1,156.41	50.28	.012	231.28	.59
CROSSOVERS/ALL OTH OUTPTNT	77	634	10,923.82	17.23	.322	141.87	5.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		_					PAGE 9,671
MOP024	FEE-FOR-SERVICE/DENT		MONIH-OF-PAIMENT RE	PORT FOR UAIN Z	OUS IRKO DE	2003	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR IN HOME SU	PPORI - IOIAL		MONT	TITT 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O.D.
1 066 BLIGIBLES	HODDO INITE				MON		
1,966 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.0000000000000000000000000000000000000	OR I	DAYS OF CARE	45 401 51	PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	101 24	851 \$	47,421.71	\$ 55.72	.433 \$		
	24	93	32,317.38	347.50	.047	1346.56	16.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	15,229.96	2175.71	.004	7614.98	7.75
ACCOMMODATIONS	2	7	4,158.20	594.03	.004	2079.10	2.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	4,158.20	594.03	.004	2079.10	2.12
ANCILLARIES	2	0	11,071.76	.00	.000	5535.88	5.63
TADAMTENIA ODOGOVEDO	2.2	0.6	17 007 40	100 60	0.4.4	776 70	0.60

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	29	461	\$	59,750.92	\$	129.61	.234	\$	2060.38	\$	30.39
LEV B-SUBACUTE FREESTANDING	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPIL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR 29 461 59,750.92 129.61 234 2060.38 30.39 ©INTERMEDIATE CARE FACILDD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
### Beneficial and both part of the part o	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
### Beneficial and both part of the part o	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
Light DDH	LEV B-REGULAR	29	461		59,750.92		129.61			2060.38		30.39
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$					\$.00	\$	
CF DDN/DDCN	ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
######################################	ICF DD	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
### HEMODIALYSIS CENTER ### 1 2 440.29 220.15 .001 440.29 .22 @REHABILITATION FACILITY ### 0 0 0 \$.00 \$.00 .000 \$.00	@HEMODIALYSIS TOTAL	1	2	\$	440.29	\$	220.15	.001	\$	440.29	\$.22
@REHABILITATION FACILITY 0 0 \$.00 \$.00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HEMODIALYSIS CENTER	1	2		440.29		220.15	.001		440.29		.22
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACILITY 4 18 \$ 249.89 \$ 13.88 .009 \$ 62.47 \$.13 PATHOLOGY 4 18 249.89 13.88 .009 62.47 .13 XO AND OTHERS 0 0 .00 .00 .00 .000 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 78 134 \$ 14,697.01 \$ 109.68 .068 \$ 188.42 \$ 7.48 CLINIC 0 0 0 .00 .00 .00 .000 .00 <	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATHOLOGY 4 18 249.89 13.88 .009 62.47 .13 XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 78 134 \$ 14,697.01 \$ 109.68 .068 \$ 188.42 \$ 7.48 CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 SURGICENTER 2 2 406.36 203.18 .001 203.18 .21 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 76 132 14,290.65 108.26 .067 188.03 7.27 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,672 MOPO 24 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 0 0 .00	@LABORATORY FACILITY	4	18	\$	249.89	\$	13.88	.009	\$	62.47	\$.13
@ORGANIZED OUTPATIENT CLINIC 78 134 \$ 14,697.01 \$ 109.68 .068 \$ 188.42 \$ 7.48 CLINIC 0 0 .00 .	PATHOLOGY	4	18		249.89		13.88	.009		62.47		.13
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
SURGICENTER 2 2 406.36 203.18 .001 203.18 .21 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 76 132 14,290.65 108.26 .067 188.03 7.27 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,672 MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	@ORGANIZED OUTPATIENT CLINIC	78	134	\$	14,697.01	\$	109.68	.068	\$	188.42	\$	7.48
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 76 132 14,290.65 108.26 .067 188.03 7.27 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,672 MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	SURGICENTER	2	2		406.36		203.18	.001		203.18		.21
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,672 MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	RURAL HEALTH CLINIC	76	132		14,290.65		108.26	.067		188.03		7.27
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 9,672
	MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MONTHLY AVERAGE	PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOM	ME SUP	PORT - TOTAL							
								N	[TNO]	HLY AVERA	GE.	

1,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	431	25,756 \$	162,220.05	\$ 6.30	13.101 \$	376.38 \$	82.51
DURABLE MED. EQUIP.	12	55	9,332.33	169.68	.028	777.69	4.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,839.69	262.81	.004	306.62	.94
MEDICAL TRANSPORTATION	33	939	2,642.24	2.81	.478	80.07	1.34
AMBULANCES/AIR TRANS	1	15	182.32	12.15	.008	182.32	.09
OTHER TRANS	31	932	2,466.34	2.65	.474	79.56	1.25
OTHER SERVICES	1	8CR	6.42CR	.80	.004CR	6.42CR	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	119	1,466	101,841.45	69.47	.746	855.81	51.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	68	5,481.90	80.62	.035	304.55	2.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	44	490.89	11.16	.022	27.27	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	8	66.89	8.36	.004	16.72	.03
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.001	45.98	.02
PROSTHETICS	1	2	45.98	22.99	.001	45.98	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	18.85	18.85	.001	18.85	.01
SPEECH AND AUDIOLOGY	24	76	6,694.13	88.08	.039	278.92	3.40
HOSPICE SERVICES	1	19	2,097.79	110.41	.010	2097.79	1.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	5,594	8,910.96	1.59	2.845	685.46	4.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	220	17,477	22,756.95	1.30	8.890	103.44	11.58
@CALIF. CHILDREN SERVICES*	11	73 \$	7,577.07	\$ 103.80	.037 \$	688.82 \$	3.85

@XOVER EXCLUDING STATE HOSP** 436 20,478 \$ 65,486.28 \$ 3.20 10.416 \$ 150.20 \$ 33.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,673 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

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PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MONT	THLY AVERAG	E
11,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,795 1,407	310,314 \$	4,344,172.93	\$ 14.00	26.534 \$	493.94	\$ 371.46
@PHYSICIANS SERVICES	1,407	3,401 \$	64,797.16	\$ 19.05	.291 \$	46.05	
OUTPATIENT VISITS	102	160	4,405.94	27.54	.014	43.20	.38
OFFICE VISITS	100	156	4,085.97	26.19	.013	40.86	.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	319.97	79.99	.000	79.99	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.000	.00	.00
INPATIENT VISITS	12	37	.00 1,782.99	48.19	.003	148.58	.15
HOSPITAL VISITS	12	37	1,782.99	48.19	.003	148.58	.15
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	251.26	41.88	.001	50.25	.02
EXAMINATIONS	5	6	251.26	41.88	.001	50.25	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9	815.10	90.57	.001	407.55	.07
PRINCIPAL SURGEON	2	2	641.10	320.55	.000	320.55	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	ĺ	7	174.00	24.86	.001	174.00	.01
OUTPATIENT SURGERY	5	10	2,140.67	214.07	.001	428.13	.18
PRINCIPAL SURGEON	5	7	2,022.71	288.96	.001	404.54	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	117.96	39.32	.000	117.96	.01
DIALYSIS	1	6	99.72	16.62	.001	99.72	.01
PATHOLOGY	18	22	88.74	4.03	.002	4.93	.01
RADIOLOGY	28	44	1,961.46	44.58	.004	70.05	.17
PSYCHIATRY	2 2 1,306	2	65.96	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	2	3 3,102	28.73	9.58	.000	14.37	.00
OTHER SERVICES/ALL X-OVERS	1 306	3 102	53,156.59	17.14	.265	40.70	4.55
(a) DH A R M A (' Y	/ X X	178,455 \$	1,977,748.28	\$ 11.08	15.259 \$	252.97	
PRESCRIPTION DRUGS	7,695	30,632	1,898,862.18	61.99	2.619	246.77	162.37
SNF/ICF	406	2,559	128,460.57	50.20	.219	316.41	10.98
OUTPATIENTS	7,323	28,073	1,770,401.61	63.06	2.400	241.76	151.38
MEDICAL SUPPLIES	748	147,823	78,886.10	.53	12.640	105.46	6.75
@DEMTI CT	162	1,663 \$	97,467.50	\$ 58.61	.142 \$		
VISITS - DIAGNOSTIC	244	844	9,970.50	11.81	.072	40.86	.85
ORAL SURGERY	71	231	10,925.00	47.29	.020	153.87	.93
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	19	19	2,800.00	147.37	.002	147.37	.24
ENDODONTICS	19	31	6,692.00	215.87	.003	352.21	.57
RESTORATIVE DENTISTRY	114	249	22,391.00	89.92	.021	196.41	1.91
PROSTHETICS	9	9	320.00	35.56	.001	35.56	.03
DENTURES, STAYPLATES	124	258	44,269.00	171.59	.022	357.01	3.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	21	75.00	3.57	.002	6.25	.01
	1 2	21	, 5.00	3.31	. 502	0.25	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,674 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASSIS	STANCE - AGED				
					MONT		
11,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	233	641 \$	12,273.74	\$ 19.15	.055 \$	52.68	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	31	31	1,305.75	42.12	.003	42.12	.11
EYE APPLIANCES	166	513	8,550.63	16.67	.044	51.51	.73
OTHER OPTOMETRIC SERVICES	65	97	2,417.36	24.92	.008	37.19	.73
	4	9 \$	150.48	\$ 16.72		37.62	
@CHIROPRACTOR	4	- '			.001 \$		
VISITS	3	8	133.76	16.72	.001	44.59	.01
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	180	241 \$	2,168.56	\$ 9.00	.021 \$	12.05	
MEDICINE/INJECTIONS	6	6	162.50	27.08	.001	27.08	.01
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	175	234	1,987.06	8.49	.020	11.35	.17
@HOME HEALTH AGENCY	1	7 \$	500.65	\$ 71.52	.001 \$		\$.04
NURSE ANESTHESIST	2	25 \$	55.28	\$ 2.21	.002 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
		0 \$ 0 \$.00	\$.00			\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$ 0 \$			•		
FAMILY NURSE PRACTITIONER	0	- 1	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	556	4,695 \$	408,966.55	\$ 87.11	.401 \$	735.55	
HOSP INPATIENT TOTAL	112	498	346,677.25	696.14	.043	3095.33	29.64
HSC HOSPITALS	24	127	141,729.38	1115.98	.011	5905.39	12.12
NON-HSC HOSPITAL TOTAL	11	63	148,069.63	2350.31	.005	13460.88	12.66
ACCOMMODATIONS	11	63	38,127.09	605.19	.005	3466.10	3.26
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.005	3789.58	3.24
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78	9.40
	78						
INPATIENT CROSSOVERS		308	56,878.24	184.67	.026	729.21	4.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	459	4,197	62,289.30	14.84	.359	135.71	5.33
MEDICAL	3	3	44.84	14.95	.000	14.95	.00
SURGERY	1	1	173.64	173.64	.000	173.64	.01
PATHOLOGY	4	23	245.98	10.69	.002	61.50	.02
RADIOLOGY	4	5	427.10	85.42	.000	106.78	.04
ROOM USE	8	12	608.50	50.71	.001	76.06	.05
CROSSOVERS/ALL OTH OUTPTNT	452	4,153	60,789.24	14.64	.355	134.49	5.20
@COUNTY HOSPITAL TOTAL	1	1 \$	4.67	\$ 4.67	.000 \$	4.67	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	ĺ	1	4.67	4.67	.000	4.67	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	U	.00	.00	.000	.00	.00
RADIOLOGY	0	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.67	4.67	.000	4.67	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,675

					MO	NTHLY AVERA	ιGΕ	
11,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	4,694	\$ 408,961.88	\$ 87.12	.401	\$ 736.87	\$	34.97
COMM HOSP INPATIENT TOTAL	112	498	346,677.25	696.14	.043	3095.33		29.64
HSC HOSPITALS	24	127	141,729.38	1115.98	.011	5905.39		12.12
NON-HSC HOSPITALS TOTAL	11	63	148,069.63	2350.31	.005	13460.88		12.66
ACCOMMODATIONS	11	63	38,127.09	605.19	.005	3466.10		3.26
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30		.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.005	3789.58		3.24
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78		9.40
INPATIENT CROSSOVERS	78	308	56,878.24	184.67	.026	729.21		4.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	458	4,196		62,284.63		14.84	.359		135.99		5.33
MEDICAL	3	3		44.84		14.95	.000		14.95		.00
SURGERY	1	1		173.64		173.64	.000		173.64		.01
PATHOLOGY	4	23		245.98		10.69	.002		61.50		.02
RADIOLOGY	4	5		427.10		85.42	.000		106.78		.04
ROOM USE	8	12		608.50		50.71	.001		76.06		.05
CROSSOVERS/ALL OTH OUTPINT	451	4,152		60,784.57		14.64	.355		134.78		5.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	377	10,792	\$	1,325,439.05	\$	122.82	.923	\$	3515.75	\$	113.33
LEV A-INTERMEDIATE	8	328		22,284.32		67.94	.028		2785.54		1.91
LEV B-REHAB MD	3	145		17,529.90		120.90	.012		5843.30		1.50
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	366	10,319		1,285,624.83		124.59	.882		3512.64		109.93
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	41	\$	15,728.48	\$	383.62	.004	\$	542.36	\$	1.34
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	29	41		15,728.48		383.62	.004		542.36		1.34
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	44	130	\$	1,343.46	\$	10.33	.011	\$	30.53	\$.11
PATHOLOGY	31	106		1,154.15		10.89	.009		37.23		.10
XO AND OTHERS	13	24		189.31		7.89	.002		14.56		.02
@ORGANIZED OUTPATIENT CLINIC	386	577	\$	61,913.53	\$	107.30	.049	\$	160.40	\$	5.29
CLINIC	4	8		1,650.27		206.28	.001		412.57		.14
SURGICENTER	24	32		4,459.57		139.36	.003		185.82		.38
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	358	537		55,803.69		103.92	.046		155.88		4.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES 1	MONTH-OF-PAYMENT R	EPOR:	r for jan	2003 THRU	DEC	2003	PI	AGE 9,676
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	JICES FOR PUBLI	C ASS	ISTANCE - AGED							
							M		HLY AVERA	GE -	
11 COE DITCIDIDO	TICEDO	TINITUR OF CEDITI	OF:	PADEMDIANTO	7\ \ 7.7	בסעם מספת	י דווודדייים / האזד יי	С	COCH DED		TOOM DED

							~ -
11,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,380	109,637 \$	375,620.21	\$ 3.43	9.375 \$	272.19	\$ 32.12
DURABLE MED. EQUIP.	40	80	12,082.40	151.03	.007	302.06	1.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	16	5,173.85	323.37	.001	431.15	.44
MEDICAL TRANSPORTATION	146	10,807	27,645.18	2.56	.924	189.35	2.36
AMBULANCES/AIR TRANS	12	120	1,625.94	13.55	.010	135.50	.14
OTHER TRANS	127	10,615	25,754.22	2.43	.908	202.79	2.20
OTHER SERVICES	8	72	265.02	3.68	.006	33.13	.02
ACUPUNCTURE	6	10	183.82	18.38	.001	30.64	.02
ADULT DAY HEALTH CARE CTR	216	2,851	197,717.81	69.35	.244	915.36	16.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	114	855	47,392.63	55.43	.073	415.72	4.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	212	474	5,942.51	12.54	.041	28.03	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	36	89.33	2.48	.003	4.70	.01
PROSTHETIST/ORTHOTISTS	11	21	582.06	27.72	.002	52.91	.05
PROSTHETICS	10	20	485.56	24.28	.002	48.56	.04
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01

PSYCHOLOGIST	2	2	49.93	24.97	.000	24.97	.00
SPEECH AND AUDIOLOGY	46	66	8,496.68	128.74	.006	184.71	.73
HOSPICE SERVICES	6	153	16,604.76	108.53	.013	2767.46	1.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	649	94,266	53,659.25	.57	8.060	82.68	4.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,424	21,068	\$ 341,672.16	\$ 16.22	1.801	\$ 140.95	\$ 29.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,677

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PLACER COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSIS	STANCE - BLIND				
							NTHLY AVERA	
1,316 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,005	88,322	\$	787,546.43	\$ 8.92	67.114		\$ 598.44
@PHYSICIANS SERVICES	284	891	\$		\$ 30.22	.677		
OUTPATIENT VISITS	121	157		5,736.92	36.54	.119	47.41	4.36
OFFICE VISITS	94	115		3,740.97	32.53	.087	39.80	2.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30		1,673.19	55.77	.023	69.72	1.27
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12		322.76	26.90	.009	26.90	. 25
INPATIENT VISITS	13	19		619.37	32.60	.014	47.64	.47
HOSPITAL VISITS	2	4		138.57	34.64	.003	69.29	.11
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15		480.80	32.05	.011	43.71	.37
OPHTHALMOLOGICAL SERVICES	6	7		288.22	41.17	.005	48.04	.22
EXAMINATIONS	6	7		288.22	41.17	.005	48.04	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		1,227.80	613.90	.002	613.90	.93
PRINCIPAL SURGEON	2	2		1,227.80	613.90	.002	613.90	.93
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	43		7,311.21	170.03	.033	456.95	5.56
PRINCIPAL SURGEON	12	18		6,247.41	347.08	.014	520.62	4.75
ASSISTANT SURGEON	1	1		232.32	232.32	.001	232.32	.18
ANESTHESIOLOGIST	6	24		831.48	34.65	.018	138.58	.63
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	12		157.47	13.12	.009	15.75	.12
RADIOLOGY	39	56		6,628.11	118.36	.043	169.95	5.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6		59.04	9.84	.005	19.68	.04
OTHER SERVICES/ALL X-OVERS	136	589		4,895.06	8.31	.448	35.99	3.72
@PHARMACY	825	43,189	\$	318,399.61	\$ 7.37	32.818	385.94	\$ 241.94
PRESCRIPTION DRUGS	795	3,460		293,574.41	84.85	2.629	369.28	223.08
SNF/ICF	79	696		48,661.25	69.92	.529	615.97	36.98
OUTPATIENTS	724	2,764		244,913.16	88.61	2.100	338.28	186.10
MEDICAL SUPPLIES	157	39,729		24,825.20	.62	30.189	158.12	18.86
@DENTIST	63	278	\$	9,179.00	\$ 33.02	.211	\$ 145.70	\$ 6.97
VISITS - DIAGNOSTIC	44	164	·	2,327.00	14.19	.125	52.89	1.77
ORAL SURGERY	9	14		613.00	43.79	.011	68.11	.47
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	4	5	200.00	40.00	.004	50.00	.15
ENDODONTICS	3	3	590.00	196.67	.002	196.67	.45
RESTORATIVE DENTISTRY	26	70	3,707.00	52.96	.053	142.58	2.82
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	6	21	1,712.00	81.52	.016	285.33	1.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,678
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES F	OR PUBLIC ASSIS	TANCE - BLIND				
					MONTE	ILY AVERAC	TE

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	PUBLIC	ASSI	STANCE - BLIND							0=,=0,0
								M	TNO	HLY AVERA	GE	
1,316 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARI	E		PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	34 11		82	\$	3,534.58	\$.062	\$		\$	2.69
DIAGNOSTIC AND ANC. PROCED	11		12		655.18		54.60	.009		59.56		.50
EYE APPLIANCES	21		55		2,369.11		43.07	.042		112.81		1.80
OTHER OPTOMETRIC SERVICES	11		15		510.29		34.02	.011		46.39		.39
@CHIROPRACTOR	4		6	\$	100.32	\$	16.72	.005	\$	25.08	\$.08
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	4		6		100.32		16.72	.005		25.08		.08
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	19		23	\$	366.03	\$.017	\$		\$.28
MEDICINE/INJECTIONS	3		3		93.80		31.27	.002		31.27		.07
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	16		20		272.23		13.61	.015		17.01		.21
@HOME HEALTH AGENCY	0		0	\$.00		.00	.000	\$.00		.00
NURSE ANESTHESIST	1		8	\$		\$	2.54	.006				.02
NURSE MIDWIFE	0		0	\$.00		.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	16 0 1 0 0 103 17		622	\$	64,337.93	\$	103.44		\$	624.64	\$	48.89
HOSP INPATIENT TOTAL	17		73		52,437.38		718.32	.055		3084.55		39.85
HSC HOSPITALS	103 17 5 1 0 0 1 1 11 0 88		33		40,587.39		718.32 1229.92 802.66	.025		8117.48		30.84
NON-HSC HOSPITAL TOTAL	1		4					.003		3210.62		2.44
ACCOMMODATIONS	1		4		1,871.91		467.98	.003		1871.91		1.42
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		1,871.91		467.98	.003		1871.91		1.42
ANCILLARIES	1		0		1,338.71		.00	.000		1338.71		1.02
INPATIENT CROSSOVERS	11		36		8,639.37		239.98	.027		785.40		6.56
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	88		549		11,900.55		21.68	.417		135.23		9.04
MEDICAL	8		14 6		585.74		41.84	.011		73.22		.45
SURGERY	1.4		58		543.83		90.64	.005		90.64		.41
PATHOLOGY	8 6 14 20 36 59		58 29		640.41		11.04	.044		45.74 79.88		.49 1.21
RADIOLOGY	20				1,597.57		55.09					
ROOM USE	36		48		2,035.18		42.40	.036		56.53		1.55
CROSSOVERS/ALL OTH OUTPTNT	59		394 0	4	6,497.82	Ċ	16.49	. 299	۲,	110.13	4	4.94
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	U		0	\$.00	\$.00	.000	Ş		Ş	.00
	0		0				.00			.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00			.000				
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0		0		.00		.00	.000		.00		.00
ANCILLANCES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,679
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASSIST	ΓANCE - BLIND				
					NAC NATION	TT TZ ATZODAC	-

----- MONTHLY AVERAGE -----1,316 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @COMMUNITY HOSPITAL TOTAL 622 64,337.93 103.44 .473 \$ 624.64 \$ 48.89 COMM HOSP INPATIENT TOTAL 17 73 52,437.38 718.32 .055 3084.55 39.85 HSC HOSPITALS 33 40,587.39 1229.92 .025 8117.48 30.84 NON-HSC HOSPITALS TOTAL 3,210.62 802.66 .003 3210.62 2.44 467.98 1871.91 ACCOMMODATIONS 1,871.91 .003 1.42 .00 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 1,871.91 467.98 .003 1871.91 ALL OTHER ACCOM 1.42 ANCILLARIES 1,338.71 .00 .000 1338.71 1.02 8,639.37 239.98 785.40 INPATIENT CROSSOVERS 36 .027 6.56 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 549 11,900.55 21.68 .417 135.23 9.04 14 585.74 41.84 .011 73.22 .45 MEDICAL SURGERY 543.83 90.64 .005 90.64 .41 PATHOLOGY 14 58 640.41 11.04 .044 45.74 .49 RADIOLOGY 20 29 1,597.57 55.09 .022 79.88 1.21 ROOM USE 36 48 2,035.18 42.40 .036 56.53 1.55 6,497.82 16.49 .299 110.13 4.94 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @STATE HOSPITAL \$ MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 199,584.72 @NURSING FACILITY 1,685 118.45 1.280 3168.01 151.66 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 151.66 LEV B-REGULAR 1,685 199,584.72 118.45 1.280 3168.01 .000 @INTERMEDIATE CARE FACIL.-DD .00 .00 \$.00 .00 0 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 ICF DDN/DDCN .00 31,930.83 @HEMODIALYSIS TOTAL 140 228.08 .106 541.20 24.26 .00 .00 .00 .00 HOSPITAL BASED 0 .000 59 .106 HEMODIALYSIS CENTER 140 31,930.83 228.08 541.20 24.26 @REHABILITATION FACILITY 51.88 25.94 .002 \$ 51.88 .04 .000 .00 .00 HOSPITAL BASED 0 .00 .00 INDEPENDENT FACILITY 2 51.88 25.94 .002 51.88 .04 @LABORATORY FACILITY 215 2,772.55 12.90 .163 77.02 2.11 PATHOLOGY 214 2,756.01 12.88 .163 78.74 2.09 16.54 16.54 .001 16.54 XO AND OTHERS .01 @ORGANIZED OUTPATIENT CLINIC 178 16,225.97 91.16 .135 169.02 12.33 1,529.92 37.32 95.62 CLINIC 16 41 .031 1.16 14 883.91 63.14 .011 176.78 SURGICENTER .67 HEROIN DETOX CLINIC .00 .00 .000 .00 .00

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	77 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	•	-	13,812.14 MONTH-OF-PAYMENT ISTANCE - BLIND		112.29 T FOR JAN	.093 2003 THRU DE	179.38 C 2003]	10.50 PAGE 9,680 01/29/04
							MON	THLY AVERA	GE.	
1,316 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	S AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	250	41,003	\$	114,119.51	L \$	2.78	31.157 \$	456.48	\$	86.72
DURABLE MED. EQUIP.	10	21		7,397.62	2	352.27	.016	739.76		5.62
BLOOD BANK	0	0		.00)	.00	.000	.00		.00
HEARING AID DISPENSERS	1	1		25.00)	25.00	.001	25.00		.02
MEDICAL TRANSPORTATION	82	16,836		49,519.81	L	2.94	12.793	603.90		37.63
AMBULANCES/AIR TRANS	12	103		1,454.19)	14.12	.078	121.18		1.11
OTHER TRANS	72	16,693		47,918.81	L	2.87	12.685	665.54		36.41
OTHER SERVICES	4	40		146.81	L	3.67	.030	36.70		.11
ACUPUNCTURE	0	0		.00)	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	25	352	24,471.22	69.52	.267	978.85	18.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	39	5,430.51	139.24	.030	387.89	4.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	41	896.09	21.86	.031	42.67	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	15	219.08	14.61	.011	43.82	.17
PROSTHETIST/ORTHOTISTS	5	7	1,048.71	149.82	.005	209.74	.80
PROSTHETICS	5	7	1,048.71	149.82	.005	209.74	.80
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	56	2,062.65	36.83	.043	137.51	1.57
HOSPICE SERVICES	0	0	12.92	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	7,749	18,595.38	2.40	5.888	299.93	14.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	15,886	4,440.52	.28	12.071	87.07	3.37
@CALIF. CHILDREN SERVICES*	53	28,018	\$ 51,923.33	\$ 1.85	21.290	\$ 979.69	\$ 39.46
@XOVER EXCLUDING STATE HOSP**	206	1,330	\$ 61,457.38	\$ 46.21	1.011	\$ 298.34	\$ 46.70

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,681

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PLACER COUNTI	SUMMARI OF SER	VICES FOR PUBLIC A	SSIS	IANCE - DISABLED				
						MON		
47,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	36,154		\$	26,740,934.27	\$ 26.37	21.502 \$		
@PHYSICIANS SERVICES	10,826	33,839	\$	1,334,665.97	\$ 39.44	.718 \$	123.28	\$ 28.31
OUTPATIENT VISITS	6,213	9,477		348,326.33	36.75	.201	56.06	7.39
OFFICE VISITS	4,506	6,426		198,386.95	30.87	.136	44.03	4.21
HOME VISITS	113	142		4,900.38	34.51	.003	43.37	.10
EMERGENCY ROOM	1,695	2,128		123,707.47	58.13	.045	72.98	2.62
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	27		2,228.86	82.55	.001	111.44	.05
OTHER OUTPATIENT	616	754		19,102.67	25.34	.016	31.01	.41
INPATIENT VISITS	604	2,881		135,240.95	46.94	.061	223.91	2.87
HOSPITAL VISITS	470	2,551		110,432.55	43.29	.054	234.96	2.34
CRITICAL CARE	35	133		18,131.94	136.33	.003	518.06	.38
SNF/ICF/TRANS IP CARE	140	197		6,676.46	33.89	.004	47.69	.14
OPHTHALMOLOGICAL SERVICES	101	126		4,939.42	39.20	.003	48.91	.10
EXAMINATIONS	99	124		4,882.96	39.38	.003	49.32	.10
SERVICES AND MATERIALS	2	2		56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	300	1,827		172,887.09	94.63	.039	576.29	3.67
PRINCIPAL SURGEON	221	413		131,362.07	318.07	.009	594.40	2.79
ASSISTANT SURGEON	39	41		8,333.90	203.27	.001	213.69	.18
ANESTHESIOLOGIST	120	1,373		33,191.12	24.17	.029	276.59	.70
OUTPATIENT SURGERY	730	1,558		144,190.58	92.55	.033	197.52	3.06
PRINCIPAL SURGEON	620	810		120,915.35	149.28	.017	195.02	2.56
ASSISTANT SURGEON	12	12		1,214.37	101.20	.000	101.20	.03
ANESTHESIOLOGIST	158	736		22,060.86	29.97	.016	139.63	.47
DIALYSIS	63	229		19,432.56	84.86	.005	308.45	.41
PATHOLOGY	692	1,219		21,002.78	17.23	.026	30.35	.45
RADIOLOGY	2,429	4,725		234,592.80	49.65	.100	96.58	4.98
PSYCHIATRY	95	101		3,371.29	33.38	.002	35.49	.07
IMMUNIZATION AND INJECTION	319	999		18,944.74	18.96	.021	59.39	.40
OTHER SERVICES/ALL X-OVERS	4,191	10,697		231,737.43	21.66	.227	55.29	4.91

@PHARMACY	30,607	478,087	\$	13,853,658.31	\$	28.98	10.139	\$ 452.6	3 \$	293.80
PRESCRIPTION DRUGS	30,342	135,926		12,699,452.22		93.43	2.883	418.5	4	269.32
SNF/ICF	931	8,364		485,827.12		58.09	.177	521.8	3	10.30
OUTPATIENTS	29,625	127,562		12,213,625.10		95.75	2.705	412.2	7	259.02
MEDICAL SUPPLIES	2,336	342,161		1,154,206.09		3.37	7.256	494.1	0	24.48
@DENTIST	2,928	11,797	\$	512,003.25	\$	43.40	.250	\$ 174.8	б \$	10.86
VISITS - DIAGNOSTIC	1,850	7,081		91,602.25		12.94	.150	49.5	1	1.94
ORAL SURGERY	395	1,059		47,276.50		44.64	.022	119.6	9	1.00
DRUGS	16	16		350.00		21.88	.000	21.8	8	.01
ANESTHESIA	8	8		800.00		100.00	.000	100.0	0	.02
PERIODONTICS	151	175		23,966.00		136.95	.004	158.7	2	.51
ENDODONTICS	194	273		62,635.00		229.43	.006	322.8	6	1.33
RESTORATIVE DENTISTRY	987	2,372		186,112.25		78.46	.050	188.5	6	3.95
PROSTHETICS	31	38		1,424.00		37.47	.001	45.9		.03
DENTURES, STAYPLATES	255	607		92,037.25		151.63	.013	360.9	3	1.95
SPACE MAINTAINERS	0	0		.00		.00	.000	.0		.00
MAXILLOFACIAL SERVICES	6	4		1,390.00		347.50	.000	231.6	7	.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.0		.00
ORTHODONTIC SERVICES	44	58		4,410.00		76.03	.001	100.2	3	.09
ALL OTHER SERVICES	55	106		.00		.00	.002	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2003	E	PAGE 9,682
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSI	ISTANCE - DISABLED						
							M	ONTHLY AVE	RAGE	

PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBL	IC ASSIS	STANCE - DISABLED				
							THLY AVERAGE	
47,153 ELIGIBLES	USERS	UNITS OF SERV	-	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF C			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,107	3,160		66,630.28	\$ 21.09	.067		
DIAGNOSTIC AND ANC. PROCED		512		23,054.45	45.03	.011	45.38	.49
EYE APPLIANCES	830	2,448		,	15.84	.052	46.71	.82
OTHER OPTOMETRIC SERVICES	146	200		4,807.87		.004	32.93	.10
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	203	354	\$	5,777.03	\$ 16.32	.008	28.46	.12
VISITS	191	339		5,602.92	16.53	.007	29.33	.12
OTHER SERVICES	12	15		174.11		.000	14.51	.00
@PODIATRIST	465	777	\$	11,991.75	\$ 15.43	.016	25.79	.25
MEDICINE/INJECTIONS	118	130		3,725.60	28.66	.003	31.57	.08
SURGERY/ANES.	10	13		770.04	59.23	.000	77.00	.02
RADIO./PATHOLOGY	5	5		86.50	17.30	.000	17.30	.00
OTHER	346	629		7,409.61	11.78	.013	21.42	.16
@HOME HEALTH AGENCY	184	6,234	\$	245,003.24	\$ 39.30	.132	1331.54	5.20
NURSE ANESTHESIST	16	176	\$	689.06	\$ 3.92	.004	43.07	.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 35 5,360 591 286	0		.00	\$.00	.000	.00 \$.00
FAMILY NURSE PRACTITIONER	35	78	\$	1,809.14	\$ 23.19	.002	51.69	.04
@TOTAL HOSPITAL	5,360	38,773	\$	4,825,364.67	\$ 124.45	.822	900.25	102.33
HOSP INPATIENT TOTAL	591	3,493		4,059,819.70	1162.27	.074	6869.41	86.10
HSC HOSPITALS	286	1,952		2,339,281.13	1198.40	.041	8179.30	49.61
NON-HSC HOSPITAL TOTAL	154	928		1,586,709.67	1709.82	.020	10303.31	33.65
ACCOMMODATIONS	154	928		551,224.63	593.99	.020	3579.38	11.69
ADMINISTRATIVE DAYS	14	218		49,622.56	227.63	.005	3544.47	1.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	143	710		501,602.07	706.48	.015	3507.71	10.64
ANCILLARIES	154	0		1,035,485.04		.000	6723.93	21.96
INPATIENT CROSSOVERS	170	613		133,828.90		.013	787.23	2.84
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,986	35,280		765,544.97		.748	153.54	16.24
MEDICAL	882	1,427		63,754.29		.030	72.28	1.35
SURGERY	318	358		16,899.87	47.21	.008	53.14	.36
PATHOLOGY	1,649	10,078		90,553.41	8.99		54.91	1.92
RADIOLOGY	1,175	1,854		164,829.30	88.90		140.28	3.50
ROOM USE	2,574	3,664		135,794.13	37.06	.078	52.76	2.88

CROSSOVERS/ALL OTH OUTPTNT 2,815 17,899 293,713.97 16.41 .380 104.34 6.23 @COUNTY HOSPITAL TOTAL 50 298 \$ 68,411.23 \$ 229.57 .006 \$ 1368.22 \$ 1.45 CO HOSPITAL INPATIENT TOTAL 7 70 61,316.29 875.95 .001 8759.47 1.30 HSC HOSPITALS 7 24 30,929.03 1288.71 .001 4418.43 .66 NON-HSC HOSPITALS TOTAL 1 46 30,387.26 660.59 .001 30387.26 .64 ACCOMMODATIONS 1 46 30,387.26 660.59 .001 30387.26 .64 ACCOMMODATIONS 1 46 10,639.80 231.30 .001 10639.80 .23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
HSC HOSPITALS 7 24 30,929.03 1288.71 .001 4418.43 .66 NON-HSC HOSPITALS TOTAL 1 46 30,387.26 660.59 .001 30387.26 .64 ACCOMMODATIONS 1 46 10,639.80 231.30 .001 10639.80 .23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
NON-HSC HOSPITALS TOTAL 1 46 30,387.26 660.59 .001 30387.26 .64 ACCOMMODATIONS 1 46 10,639.80 231.30 .001 10639.80 .23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
ACCOMMODATIONS 1 46 10,639.80 231.30 .001 10639.80 .23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
ALL OTHER ACCOM 1 46 10,639.80 231.30 .001 10639.80 .23	
'	
ANCILLARIES 1 0 19,747.46 .00 .000 19747.46 .42	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	
CO HOSP OUTPATIENT TOTAL 46 228 7,094.94 31.12 .005 154.24 .15	
MEDICAL 19 25 954.84 38.19 .001 50.25 .02	
SURGERY 2 2 1,720.96 860.48 .000 860.48 .04	
PATHOLOGY 21 109 1,510.27 13.86 .002 71.92 .03	
RADIOLOGY 5 5 473.49 94.70 .000 94.70 .01	
ROOM USE 32 49 1,721.33 35.13 .001 53.79 .04	
CROSSOVERS/ALL OTH OUTPINT 13 38 714.05 18.79 .001 54.93 .02	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,68	3
MOP 024 FEE-FOR-SERVICE/DENTAL 01/29/0.	4
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	
MONTHLY AVERAGE	

47,153 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,322	38,475	\$ 4,756,953.44		123.64		\$	893.83	\$	100.88
COMM HOSP INPATIENT TOTAL	586		3,998,503.41	1	168.13	.073		6823.38		84.80
HSC HOSPITALS	281	1,928	2,308,352.10	1	197.28	.041		8214.78		48.95
NON-HSC HOSPITALS TOTAL	153	882	1,556,322.41	1	764.54	.019		10172.04		33.01
ACCOMMODATIONS	153	882	540,584.83		612.91			3533.23		11.46
ADMINISTRATIVE DAYS	14	218	49,622.56		227.63	.005		3544.47		1.05
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	142	664	490,962.27		739.40	.014		3457.48		10.41
ANCILLARIES	153	0	1,015,737.58		.00	.000		6638.81		21.54
INPATIENT CROSSOVERS	170	613	133,828.90		.00 218.32	.013		787.23		2.84
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,949	0 35,052	758,450.03		21.64	.743		153.25		16.08
MEDICAL	864	1,402	62,799.45		44.79	.030		72.68		1.33
SURGERY	316	356	15,178.91		42.64	.008		48.03		.32
PATHOLOGY	1,629	9,969	89,043.14		8.93	.211		54.66		1.89
RADIOLOGY	1,170	1,849	164,355.81		88.89	.039		140.48		3.49
ROOM USE	2,549	3,615	134,072.80		37.09	.077		52.60		2.84
CROSSOVERS/ALL OTH OUTPTNT	2,805	17,861	292,999.92		16.40	.379		104.46		6.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	470	13,011	\$ 1,612,146.07				\$	3430.10	\$	34.19
LEV A-INTERMEDIATE	2	86	6,512.44		75.73	.002		3256.22		.14
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.002 .000 .000 .000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0 0 0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	468	12,925	1,605,633.63		124.23			3430.84		34.05
@INTERMEDIATE CARE FACILDD	168	5,184	\$ 878,754.85	\$	169.51	.110	\$	5230.68	\$	18.64
ICF DDH	60	1,784	258,201.48		144.73	.038		4303.36		5.48
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	108		620,553.37		182.52	.072		5745.86		13.16
@HEMODIALYSIS TOTAL	167	3,731	\$ 176,063.56	\$	47.19	.079	\$	1054.27	\$	3.73
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	167	3,731	176,063.56		47.19	.079		1054.27		3.73

@REHABILITATION FACILITY	34	251	\$	5,211.48	\$	20.76	.005 \$	153.28	\$.11
HOSPITAL BASED	15	51		1,892.72		37.11	.001	126.18		.04
INDEPENDENT FACILITY	19	200		3,318.76		16.59	.004	174.67		.07
@LABORATORY FACILITY	2,052	9,998	\$	127,045.63	\$	12.71	.212 \$	61.91	\$	2.69
PATHOLOGY	2,035	9,961		126,932.84		12.74	.211	62.37		2.69
XO AND OTHERS	17	37		112.79		3.05	.001	6.63		.00
@ORGANIZED OUTPATIENT CLINIC	4,388	7,623	\$	1,005,643.40	\$	131.92	.162 \$	229.18	\$	21.33
CLINIC	279	726		16,704.37		23.01	.015	59.87		.35
SURGICENTER	70	309		15,921.42		51.53	.007	227.45		.34
HEROIN DETOX CLINIC	8	138		1,626.39		11.79	.003	203.30		.03
RURAL HEALTH CLINIC	4,063	6,450		971,391.22		150.60	.137	239.08		20.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MON	ITH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU DE	C 2003	P.	AGE 9,684
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	SSIST.	ANCE - DISABLED)					
							MON		_	
47,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,190	, -	\$	2,078,476.58			8.500 \$		\$	44.08
DURABLE MED. EQUIP.	575	2,673		372,385.36		139.31	.057	647.63		7.90
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	31	36					.001	374.93		.25
MEDICAL TRANSPORTATION	1,347	58,037		264,846.44		4.56	1.231	196.62		5.62
AMBULANCES/AIR TRANS	833	7,573		104,175.82			.161	125.06		2.21
OTHER TRANS	532	50,122		145,295.81			1.063	273.11		3.08
OTHER SERVICES	33	342		15,374.81		44.96	.007	465.90		.33
A CIIDIMCTIDE		FΛ		1 065 00		10 05	001	10 60		0.0

DOMINDED MED. EQUII.	313	2,013	312,303.30	100.01	.057	017.03	1.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	36	11,622.93	322.86	.001	374.93	.25
MEDICAL TRANSPORTATION	1,347	58,037	264,846.44	4.56	1.231	196.62	5.62
AMBULANCES/AIR TRANS	833	7,573	104,175.82	13.76	.161	125.06	2.21
OTHER TRANS	532	50,122	145,295.81	2.90	1.063	273.11	3.08
OTHER SERVICES	33	342	15,374.81	44.96	.007	465.90	.33
ACUPUNCTURE	25	59	1,065.08	18.05	.001	42.60	.02
ADULT DAY HEALTH CARE CTR	575	9,478	658,176.51	69.44	.201	1144.65	13.96
GENETIC DISEASE TESTING	14	14	1,370.00	97.86	.000	97.86	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	106	4,661	171,811.50	36.86	.099	1620.86	3.64
OCCUPATIONAL THERAPIST	19	288	1,636.94	5.68	.006	86.15	.03
OPTICIAN	913	2,099	23,593.78	11.24	.045	25.84	.50
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01
PORTABLE X-RAY	42	90	1,358.18	15.09	.002	32.34	.03
PROSTHETIST/ORTHOTISTS	118	341	44,819.26	131.43	.007	379.82	.95
PROSTHETICS	113	330	44,138.36	133.75	.007	390.60	.94
ORTHOTICS	6	11	680.90	61.90	.000	113.48	.01
PSYCHOLOGIST	19	34	570.79	16.79	.001	30.04	.01
SPEECH AND AUDIOLOGY	927	3,936	168,104.54	42.71	.083	181.34	3.57
HOSPICE SERVICES	26	759	96,324.75	126.91	.016	3704.80	2.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	607	46,443	113,501.63	2.44	.985	186.99	2.41
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.003	1490.11	.09
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,449	271,649	142,132.73	.52	5.761	98.09	3.01
@CALIF. CHILDREN SERVICES*	613	41,448	\$ 840,610.34	\$ 20.28	.879	\$ 1371.31	\$ 17.83
@XOVER EXCLUDING STATE HOSP**	4,996	55,370	\$ 670,515.76	\$ 12.11	1.174	\$ 134.21	\$ 14.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,685 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MO	ГИC	THLY AVERA	.GE	
47,713 ELIGIBLES	USERS	UNITS OF SERVICE	E .	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	£.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	23,007	106,416	\$	4,984,670.78	\$	46.84	2.230	\$	216.66	\$	104.47
@PHYSICIANS SERVICES	10,430	22,008	\$	893,896.26	\$	40.62	.461	\$	85.70	\$	18.73
OUTPATIENT VISITS	8,699	11,631		413,431.18		35.55	.244		47.53		8.66
OFFICE VISITS	6,207	7,889		244,414.72		30.98	.165		39.38		5.12

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	2	2	64.91	32.46	.000	32.46	.00
EMERGENCY ROOM	2,035	2,349	117,332.75	49.95	.049	57.66	2.46
PREVENTIVE CARE	5	4	181.74	45.44	.000	36.35	.00
OB VISITS/COMPRE PERI	242	397	27,613.41	69.56	.008	114.11	.58
OTHER OUTPATIENT	907	990	23,823.65	24.06	.021	26.27	.50
INPATIENT VISITS	213	645	40,660.79	63.04	.014	190.90	.85
HOSPITAL VISITS	206	560	27,276.34	48.71	.012	132.41	.57
CRITICAL CARE	18	85	13,384.45	157.46	.002	743.58	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	47	60	2,255.26	37.59	.001	47.98	.05
EXAMINATIONS	41	54	2,197.26	40.69	.001	53.59	.05
SERVICES AND MATERIALS	6	6	58.00	9.67	.000	9.67	.00
INPATIENT HOSPITAL SURGERY	235	1,123	142,908.28	127.26	.024	608.12	3.00
PRINCIPAL SURGEON	149	184	114,485.56	622.20	.004	768.36	2.40
ASSISTANT SURGEON	25	27	4,453.37	164.94	.001	178.13	.09
ANESTHESIOLOGIST	106	912	23,969.35	26.28	.019	226.13	.50

OUTPATIENT SURGERY	682	1,293		85,994.95	66	.51 .027		126.09		1.80
PRINCIPAL SURGEON	586	702		68,913.08	98	.17 .015		117.60		1.44
ASSISTANT SURGEON	9	9		821.43	91	.27 .000		91.27		.02
ANESTHESIOLOGIST	138	582		16,260.44	27	.94 .012		117.83		.34
DIALYSIS	0	0		.00		.00 .000		.00		.00
PATHOLOGY	1,006	1,238		13,948.98	11	.27 .026		13.87		.29
RADIOLOGY	1,802	2,583		117,057.47	45	.32 .054		64.96		2.45
PSYCHIATRY	102	115		3,792.70	32	.98 .002		37.18		.08
IMMUNIZATION AND INJECTION	214	446		16,669.57	37	.38 .009		77.90		.35
OTHER SERVICES/ALL X-OVERS	798	2,874		57,177.08	19	.89 .060		71.65		1.20
@PHARMACY	11,237	30,927	\$	1,359,866.05	\$ 43	.97 .648	\$	121.02	\$	28.50
PRESCRIPTION DRUGS	11,188	25,102		1,335,283.57	53	.19 .526		119.35		27.99
SNF/ICF	13	75		2,278.30	30	.38 .002		175.25		.05
OUTPATIENTS	11,185	25,027		1,333,005.27	53	.26 .525		119.18		27.94
MEDICAL SUPPLIES	171	5,825		24,582.48	4	.22 .122		143.76		.52
@DENTIST	3,605	17,243	\$	621,776.66	\$ 36	.06 .361	\$	172.48	\$	13.03
VISITS - DIAGNOSTIC	2,451	10,744		159,066.83	14	.81 .225		64.90		3.33
ORAL SURGERY	448	898		50,215.25	55	.92 .019		112.09		1.05
DRUGS	222	276		5,885.00	21	.32 .006		26.51		.12
ANESTHESIA	16	16		1,475.00	92	.19 .000		92.19		.03
PERIODONTICS	39	40		6,724.00	168	.10 .001		172.41		.14
ENDODONTICS	377	761		111,847.50	146	.97 .016		296.68		2.34
RESTORATIVE DENTISTRY	1,382	3,994		246,102.80		.62 .084		178.08		5.16
PROSTHETICS	10	11		280.00		.45 .000		28.00		.01
DENTURES, STAYPLATES	36	126		13,143.00	104	.31 .003		365.08		.28
SPACE MAINTAINERS	36	46		5,207.00	113	.20 .001		144.64		.11
MAXILLOFACIAL SERVICES	12	12		847.00	70	.58 .000		70.58		.02
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00		.00
ORTHODONTIC SERVICES	160	203		20,373.28		.36 .004		127.33		.43
ALL OTHER SERVICES	108	116		610.00	5	.26 .002		5.65		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	PORT FOR	JAN 2003 THRU	DEC	2003	PA	GE 9,686
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - FAMILIES						
]	ITNON	HLY AVERA	GE -	

							IVI	OM T	TLI AVEKA	.GE	
47,713 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	649	1,841	\$	43,790.28	\$	23.79	.039	\$	67.47	\$.92
DIAGNOSTIC AND ANC. PROCED	499	502		23,175.16		46.17	.011		46.44		.49
EYE APPLIANCES	472	1,322		19,576.46		14.81	.028		41.48		.41
OTHER OPTOMETRIC SERVICES	13	17		1,038.66		61.10	.000		79.90		.02
@CHIROPRACTOR	116	185	\$	3,068.12	\$	16.58	.004	\$	26.45	\$.06
VISITS	116	185		3,068.12		16.58	.004		26.45		.06
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	52	82	\$	3,579.64	\$	43.65	.002	\$	68.84	\$.08
MEDICINE/INJECTIONS	47	54		1,953.30		36.17	.001		41.56		.04
SURGERY/ANES.	7	7		733.78		104.83	.000		104.83		.02
RADIO./PATHOLOGY	7	8		147.92		18.49	.000		21.13		.00
OTHER	7	13		744.64		57.28	.000		106.38		.02
@HOME HEALTH AGENCY	24	640	\$	21,191.59	\$	33.11	.013	\$	882.98	\$.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$	182.94	\$	182.94	.000	\$	182.94	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,951	14,004	\$	1,295,728.97	\$	92.53	.294	\$	327.95	\$	27.16
HOSP INPATIENT TOTAL	240	742		956,984.01		1289.74	.016		3987.43		20.06
HSC HOSPITALS	173	515		628,661.73		1220.70	.011		3633.88		13.18
NON-HSC HOSPITAL TOTAL	67	227		328,322.28		1446.35	.005		4900.33		6.88
ACCOMMODATIONS	66	227		134,069.98		590.62	.005		2031.36		2.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	66	227		134,069.98	590.62	.005	2031.36	2.81
ANCILLARIES	67	0		194,252.30	.00	.000	2899.29	4.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,815	13,262		338,744.96	25.54	.278	88.79	7.10
MEDICAL	461	612		16,395.94	26.79	.013	35.57	.34
SURGERY	348	384		12,779.37	33.28	.008	36.72	.27
PATHOLOGY	1,157	4,603		45,856.23	9.96	.096	39.63	.96
RADIOLOGY	971	1,288		76,966.40	59.76	.027	79.27	1.61
ROOM USE	3,080	3,757		144,469.46	38.45	.079	46.91	3.03
CROSSOVERS/ALL OTH OUTPTNT	1,378	2,618		42,277.56	16.15	.055	30.68	.89
@COUNTY HOSPITAL TOTAL	8	35	\$	903.17	\$ 25.80	.001	\$ 112.90	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	35		903.17	25.80	.001	112.90	.02
MEDICAL	3	3		159.93	53.31	.000	53.31	.00
SURGERY	2	4		113.34	28.34	.000	56.67	.00
PATHOLOGY	2	13		204.23	15.71	.000	102.12	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	4	7		346.75	49.54	.000	86.69	.01
CROSSOVERS/ALL OTH OUTPTNT	4	8		78.92	9.87	.000	19.73	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	RES MONTH-	OF-PAYMENT REE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 9,687
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANC	E - FAMILIES				
						MO	NTHLY AVERA	GE

45 510							MIIIDI AVEKA		~~~~
47,713 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,944	13,969	\$	1,294,825.80	\$ 92.69	.293	\$ 328.30	\$	27.14
COMM HOSP INPATIENT TOTAL	240	742		956,984.01	1289.74	.016	3987.43		20.06
HSC HOSPITALS	173	515		628,661.73	1220.70	.011	3633.88		13.18
NON-HSC HOSPITALS TOTAL	67	227		328,322.28	1446.35	.005	4900.33		6.88
ACCOMMODATIONS	66	227		134,069.98	590.62	.005	2031.36		2.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	66	227		134,069.98	590.62	.005	2031.36		2.81
ANCILLARIES	67	0		194,252.30	.00	.000	2899.29		4.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,808	13,227		337,841.79	25.54	.277	88.72		7.08
MEDICAL	458	609		16,236.01	26.66	.013	35.45		.34
SURGERY	346	380		12,666.03	33.33	.008	36.61		.27
PATHOLOGY	1,155	4,590		45,652.00	9.95	.096	39.53		.96
RADIOLOGY	971	1,288		76,966.40	59.76	.027	79.27		1.61
ROOM USE	3,077	3,750		144,122.71	38.43	.079	46.84		3.02
CROSSOVERS/ALL OTH OUTPINT	1,374	2,610		42,198.64	16.17	.055	30.71		.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	•	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	43	\$	4,734.54	\$	110.11	.001	\$	789.09	\$.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	43		4,734.54		110.11	.001		789.09		.10
@REHABILITATION FACILITY	6	28	\$	689.75	\$	24.63	.001	\$	114.96	\$.01
HOSPITAL BASED	5	25		626.18		25.05	.001		125.24		.01
INDEPENDENT FACILITY	1	3		63.57		21.19	.000		63.57		.00
@LABORATORY FACILITY	1,531	4,891	\$	71,122.44	\$	14.54	.103	\$	46.45	\$	1.49
PATHOLOGY	1,531	4,891		71,122.44		14.54	.103		46.45		1.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,563	5,130	\$	542,299.97	\$	105.71	.108	\$	211.59	\$	11.37
CLINIC	771	2,190		60,383.72		27.57	.046		78.32		1.27
SURGICENTER	49	303		8,230.99		27.16	.006		167.98		.17
HEROIN DETOX CLINIC	3	36		380.33		10.56	.001		126.78		.01
RURAL HEALTH CLINIC	1,787	2,601		473,304.93		181.97	.055		264.86		9.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	IRES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU I	DEC	2003	PI	AGE 9,688
MOP024	FEE-FOR-SERVICE/DENT.	AL									01/29/04
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PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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							NTHLY AVERA	
47,713 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,870	9,393	\$	122,743.57	\$ 13.07	.197		\$ 2.57
DURABLE MED. EQUIP.	111	220		16,703.72	75.93	.005	150.48	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	296	3,230		47,392.62	14.67	.068	160.11	.99
AMBULANCES/AIR TRANS	292	3,019		36,701.79	12.16	.063	125.69	.77
OTHER TRANS	3	205		340.83	1.66	.004	113.61	.01
OTHER SERVICES	6	6		10,350.00	1725.00	.000	1725.00	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	42	43		4,465.00	103.84	.001	106.31	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	475	1,001		9,101.48	9.09	.021	19.16	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	17		1,220.46	71.79	.000	87.18	.03
PROSTHETICS	12	15		1,167.18	77.81	.000	97.27	.02
ORTHOTICS	2	2		53.28	26.64	.000	26.64	.00
PSYCHOLOGIST	1	10		569.77	56.98	.000	569.77	.01
SPEECH AND AUDIOLOGY	55	112		4,913.18	43.87	.002	89.33	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	899	4,326		37,365.49	8.64	.091	41.56	.78
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	434		1,011.85	2.33	.009	202.37	.02
@CALIF. CHILDREN SERVICES*	235	2,546	\$	222,777.39	\$ 87.50	.053	\$ 947.99	\$ 4.67
@XOVER EXCLUDING STATE HOSP**	12	63	\$	5,204.43	\$ 82.61	.001	\$ 433.70	\$.11

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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----- MONTHLY AVERAGE -----

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PLACER COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC ASSIS	STANCE - TOTAL				_
					MONT		
107,877 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	68,961	1,518,937 \$	36,857,324.41	\$ 24.27	14.080 \$	534.47	
@PHYSICIANS SERVICES	22,947	60,139 \$	2,320,282.59	\$ 38.58	.557 \$		\$ 21.51
OUTPATIENT VISITS	15,135	21,425	771,900.37	36.03	.199	51.00	7.16
OFFICE VISITS	10,907	14,586	450,628.61	30.89	.135	41.32	4.18
HOME VISITS	115	144	4,965.29	34.48	.001	43.18	.05
EMERGENCY ROOM	3,758	4,511	243,033.38	53.88	.042	64.67	2.25
PREVENTIVE CARE	5,755	4	181.74	45.44	.000	36.35	.00
OB VISITS/COMPRE PERI	5 262	424	29,842.27	70.38	.004	113.90	.28
OTHER OUTPATIENT	1,535	1,756	43,249.08	24.63	.016	28.18	.40
INPATIENT VISITS	842	3,582	178,304.10	49.78	.033	211.76	1.65
	690						
HOSPITAL VISITS		3,152	139,630.45	44.30	.029	202.36	1.29
CRITICAL CARE	53	218	31,516.39	144.57	.002	594.65	. 29
SNF/ICF/TRANS IP CARE	151	212	7,157.26	33.76	.002	47.40	.07
OPHTHALMOLOGICAL SERVICES	159	199	7,734.16	38.87	.002	48.64	.07
EXAMINATIONS	151	191	7,619.70	39.89	.002	50.46	.07
SERVICES AND MATERIALS	8	8	114.46	14.31	.000	14.31	.00
INPATIENT HOSPITAL SURGERY	539	2,961	317,838.27	107.34	.027	589.68	2.95
PRINCIPAL SURGEON	374	601	247,716.53	412.17	.006	662.34	2.30
ASSISTANT SURGEON	64	68	12,787.27	188.05	.001	199.80	.12
ANESTHESIOLOGIST	227	2,292	57,334.47	25.02	.021	252.57	.53
OUTPATIENT SURGERY	1,433	2,904	239,637.41	82.52	.027	167.23	2.22
PRINCIPAL SURGEON	1,223	1,537	198,098.55	128.89	.014	161.98	1.84
ASSISTANT SURGEON	22	. 22	2,268.12	103.10	.000	103.10	.02
ANESTHESIOLOGIST	303	1,345	39,270.74	29.20	.012	129.61	.36
DIALYSIS	64	235	19,532.28	83.12	.002	305.19	.18
PATHOLOGY	1,726	2,491	35,197.97	14.13	.023	20.39	.33
RADIOLOGY	4,298	7,408	360,239.84	48.63	.069	83.82	3.34
PSYCHIATRY	199	218	7,229.95	33.16	.002	36.33	.07
IMMUNIZATION AND INJECTION		1,454	35,702.08	24.55	.013	66.36	.33
OTHER SERVICES/ALL X-OVERS	6,431	17,262	346,966.16	20.10	.160	53.95	3.22
@PHARMACY	50,487	730,658 \$	17,509,672.25	\$ 23.96	6.773 \$	346.82	
PRESCRIPTION DRUGS	50,467	195,120	16,227,172.38	83.17	1.809	324.41	150.42
	1,429	11,694	665,227.24	56.89	.108	465.52	6.17
SNF/ICF	48,857			84.84	1.700		144.26
OUTPATIENTS		183,426	15,561,945.14			318.52	
MEDICAL SUPPLIES	3,412	535,538	1,282,499.87	2.39	4.964	375.88	11.89
@DENTIST	7,059	30,981 \$	1,240,426.41	\$ 40.04	.287 \$	175.72	
VISITS - DIAGNOSTIC	4,589	18,833	262,966.58	13.96	.175	57.30	2.44
ORAL SURGERY	923	2,202	109,029.75	49.51	.020	118.13	1.01
DRUGS	239	293	6,260.00	21.37	.003	26.19	.06
ANESTHESIA	4,589 923 239 24 213	24	2,275.00	94.79	.000	94.79	.02
PERIODONTICS	213	239	33,690.00	140.96	.002	158.17	.31
ENDODONTICS	593	1,068	181,764.50	170.19	.010	306.52	1.68
RESTORATIVE DENTISTRY	2,509	6,685	458,313.05	68.56	.062	182.67	4.25
PROSTHETICS	51	59	2,054.00	34.81	.001	40.27	.02
DENTURES, STAYPLATES	421	1,012	151,161.25	149.37	.009	359.05	1.40
SPACE MAINTAINERS	36	46	5,207.00	113.20	.000	144.64	.05
MAXILLOFACIAL SERVICES	18	16	2,237.00	139.81	.000	124.28	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	204	261	24,783.28	94.96	.002	121.49	.23
ALL OTHER SERVICES	175	243	685.00	2.82	.002	3.91	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 9,690
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY		ICES FOR PUBLIC ASSIS	STANCE - TOTAL				,, 51

107,877 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	 ERAGE COST R UNIT/DAY	UNITS/DAYS	(COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,023	5,724	\$ 126,228.88	\$ 22.05	.053	\$	62.40	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	1,049	1,057	48,190.54	45.59	.010		45.94	.45
EYE APPLIANCES	1,489	4,338	69,264.16	15.97	.040		46.52	.64
OTHER OPTOMETRIC SERVICES	235	329	8,774.18	26.67	.003		37.34	.08
@CHIROPRACTOR	327	554	\$ 9,095.95	\$ 16.42	.005	\$	27.82	\$.08
VISITS	314	538	8,905.12	16.55	.005		28.36	.08
OTHER SERVICES	13	16	190.83	11.93	.000		14.68	.00
@PODIATRIST	716	1,123	\$ 18,105.98	\$ 16.12	.010	\$	25.29	\$.17
MEDICINE/INJECTIONS	174	193	5,935.20	30.75	.002		34.11	.06
SURGERY/ANES.	18	21	1,522.82	72.52	.000		84.60	.01
RADIO./PATHOLOGY	12	13	234.42	18.03	.000		19.54	.00
OTHER	544	896	10,413.54	11.62	.008		19.14	.10
@HOME HEALTH AGENCY	209	6,881	\$ 266,695.48	\$ 38.76	.064	\$	1276.05	\$ 2.47
NURSE ANESTHESIST	19	209	\$ 764.64	\$ 3.66	.002	\$	40.24	\$.01

NURSE MIDWIFE	1	1 0 78 58,094 4,806 2,627	\$	182.94	\$	182.94	.000	\$ 182.94	Ś	.00
	0	0	\$.00		.00	.000		Š	
FAMILY NURSE PRACTITIONER	25	78	Ģ.	1,809.14		23.19	.001	\$ 51.69	٠ ب	.02
CHOMAL HOORTHAL	0.070	7 O	ې d	1,809.14 6,594,398.12	Ą	113.51		3 31.03		
@TOTAL HOSPITAL	9,970	58,094	\$	6,594,398.12	Ş	113.51	.539			
HOSP INPATIENT TOTAL	960	4,806		5,415,918.34		1126.91 1199.19 1690.93 593.53	.045	5641.58		50.20
HSC HOSPITALS	488	2,627		3,150,259.63		1199.19	.024	6455.45		29.20
NON-HSC HOSPITAL TOTAL	233	1,222		2,066,312.20		1690.93	.011	8868.29		19.15
ACCOMMODATIONS	232	1,222 1,222		725,293.61		593 53	.011	3126.27		6.72
ADMINICTRATIVE DAVO	15	219		49 853 86		227 64	.002	3323.59		.46
TDANCITIONAL TO CARE	15			42,033.00		227.04	.002	.00		.00
TRANSTITONAL IP CARE	220	1 003		.00		.00				
ALL OTHER ACCOM	220	1,003		49,853.86 .00 675,439.75 1,341,018.59		6/3.42	.009	3070.18		6.26
ANCILLARIES	233	0		1,341,018.59		.00	.000	5755.44		12.43
INPATIENT CROSSOVERS	259	957		199,346.51		208.30	.009	769.68		1.85
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ®TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT HOSP OUTPATIENT TOTAL	0	1,003 0 957 0 53,288		.00		593.53 227.64 .00 673.42 .00 208.30 .00 22.12 39.29 40.58 9.30 76.77 37.82	.000	.00		.00
HOSP OUTPATIENT TOTAL	9,348	53,288		1,178,479.78		22.12	.494	126.07		10.92
MEDICAL	9,348 1,354	2,056		1,178,479.78 80,780.81		39.29	.019	126.07 59.66		.75
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	673			30 396 71		40 58	.007	45.17		.28
PATHOLOGY	2 924	749 14,762		30,396.71 137,296.03		0.30	.137	48.62		1.27
PARTOLOGI	2,024	14,702		137,290.03		2.30		110.02		
RADIOLOGY	2,170	3,110		243,820.37 282,907.27		76.77	.029	112.36 49.65		2.26
ROOM USE	5,698	7,481		282,907.27		37.82	.069	49.65		2.62
CROSSOVERS/ALL OTH OUTPTNT	4,704	25,064		403,278.59		10.09	.232	85.73		3.74
@COUNTY HOSPITAL TOTAL	59	334	\$	403,278.59 69,319.07 61,316.29	\$	207.54	.003	\$ 1174.90	\$.64
CO HOSPITAL INPATIENT TOTAL	7	70		61,316.29		875.95 1288.71	.001	8759.47		.57
HSC HOSPITALS	7	24		30,929.03		1288.71	.000	4418.43		.29
NON-HSC HOSPITALS TOTAL	1	46		30 387 26		660 59	.000	30387.26		.28
ACCOMMODATIONS	1	16		10,639.80		231 30	.000	10639.80		.10
ACCOMMODATIONS	0	10		10,039.00		660.59 231.30 .00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00				
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	46		10,639.80		231.30	.000	10639.80		.10
ANCILLARIES	1	0		10,639.80 19,747.46 .00		.00	.000	19747.46		.18
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	46 0 0 46 0 0 264		.00		.00 .00 .00	.000			
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	55	264		8,002.78		30.31 39.81	.002	145.51		.07
MEDICAL	22	28		1,114.77		39.81	.000	50.67		.01
SURGERY	4	6		1,834.30		305.72	.000	458.58		.02
PATHOLOGY	23	122		1,714.50		39.81 305.72 14.05 94.70	.001	74.54		.02
RADIOLOGY	5	5		473.49		94 70	.000	74.54 94.70		.00
ROOM USE	36	56		2,068.08		36.93	.001	57.45		
CROSSOVERS/ALL OTH OUTPTNT		47		797.64		16.97	.000	44.31		.01
			EC M	ONTH-OF-PAYMENT RE	מסמי					.01 PAGE 9,691
			ES M	ONIH-OF-PAIMENT RE	LPUR	I FOR JAN 2	2003 IRU	DEC 2003		
MOP024	FEE-FOR-SERVICE		3 G G T	CHANCE HORAT						01/29/04
PLACER COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC .	ASSI	STANCE - TOTAL			2.6		3 O E	
100 000 01 1010100	Hanna							ONTHLY AVER		
107,877 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,924	57,760	\$	6,525,079.05	\$	112.97		\$ 657.50		
COMM HOSP INPATIENT TOTAL	955	4,736		5,354,602.05		1130.62	.044	5606.91		49.64
HSC HOSPITALS	483	2,603		3,119,330.60		1198.36	.024	6458.24		28.92
NON-HSC HOSPITALS TOTAL	232	1,176		2,035,924.94		1731.23	.011	8775.54		18.87
ACCOMMODATIONS	231	1,176		714,653.81		607.70	.011	3093.74		6.62
ADMINISTRATIVE DAYS	15	219		49,853.86		227.64	.002	3323.59		.46
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	219	957		664,799.95		694.67	.009	3035.62		6.16
		0								
ANCILLARIES	232			1,321,271.13		.00	.000	5695.13		12.25
INPATIENT CROSSOVERS	259	957		199,346.51		208.30	.009	769.68		1.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9,303	53,024		1,170,477.00		22.07	.492	125.82		10.85
MEDICAL	1,333	2,028		79,666.04		39.28	.019	59.76		.74
SURGERY	669	743		28,562.41		38.44	.007	42.69		. 26
PATHOLOGY	2,802	14,640		135,581.53		9.26	.136	48.39		1.26

RADIOLOGY	2,165	3,171		243,346.88		76.74	.029		112.40		2.26
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	5,670	7,425		280,839.19		37.82	.069		49.53		2.60
CROSSOVERS/ALL OTH OUTPTNT	4,689	25,017		402,480.95		16.09	.232		85.84		3.73
@STATE HOSPITAL	, 0	. 0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
MENTAI.I.V II.I.	0	0	Ψ	.00	τ	.00	.000	~	.00	Υ	.00
DEVELOD DICADIED	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	010	-	d	.00	4			4		4	
@NURSING FACILITY	910	25,488	\$			123.08		Ş	3447.44	Ş	29.08
TEA Y-INI.EKWEDIYI.E	10	414		28,796.76		69.56	.004		2879.68		.27
LEV B-REHAB MD	3 0	145		17,529.90		120.90	.001		5843.30		.16
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	897	145 0 0 0 24,929		3,090,843.18		123.99	.231		3445.76		28.65
@INTERMEDIATE CARE FACILDD		5,184	\$	878,754.85	Ċ	169.51		Ġ	5230.68	Ċ	8.15
TOE DOU	60	1,784	Y	258,201.48	٧	144.73	.017	Y	4303.36	Y	2.39
ICE DDI	00	1,704									.00
ICF DD	100			.00		.00	.000		.00		
TCF DDN/DDCN	108	3,400		620,553.37		182.52	.032		5745.86		5.75
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	261	3,955	\$	228,457.41	\$.037	Ş		Ş	2.12
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	261	3,955		228,457.41		57.76	.037		875.32		2.12
@REHABILITATION FACILITY	41	281	\$	5,953.11	\$	21.19	.003	\$	145.20	\$.06
HOSPITAL BASED	20	76	•	2,518.90	•	33.14	.001		125.95		.02
INDEPENDENT FACILITY	21	205		3,434.21		16.75	.002		163.53		.03
@I.ABORATORY FACTI.TTY	3 663	15,234	\$	202,284.08	\$	13.28	.141	Ś	55.22	Ś	1.88
DATUOLOGY	2 622	15,172	Y	201,965.44	٧	13.31	.141	Y	55.61	Y	1.87
PAIROLOGI	3,032	62				5.14					
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	31		4	318.64			.001		10.28	4	.00
		13,508	\$	1,626,082.87	Ş	120.38	.125	Ş	218.77	Ş	15.07
CLINIC	1,070	2,965		80,268.28		27.07	.027		75.02		.74
SURGICENTER	148	658		29,495.89		44.83	.006		199.30		.27
HEROIN DETOX CLINIC	11	17/				11 [2	000				0.0
HEROIN BEION CHINIC		174		2,006.72		11.53	.002		182.43		.02
RURAL HEALTH CLINIC	6,285					155.94	.002		182.43 240.94		.02 14.04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	6,285 MEDI-CAL SERVIO	9,711	RES MO	1,514,311.98	EPORT	155.94	.090	DEC	240.94	P.F	14.04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	6,285 MEDI-CAL SERVICE	9,711 CES AND EXPENDITU	RES MC		EPORT	155.94	.090	DEC	240.94	P <i>I</i>	14.04 AGE 9,692
MOP024	FEE-FOR-SERVICE	9,711 ES AND EXPENDITU C/DENTAL		1,514,311.98 ONTH-OF-PAYMENT R	EPORT	155.94	.090	DEC	240.94	P <i>I</i>	14.04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE	9,711 CES AND EXPENDITU		1,514,311.98 ONTH-OF-PAYMENT R	EPORT	155.94	.090 2003 THRU		240.94 2003		14.04 AGE 9,692 01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC	ASSIS	1,514,311.98 ONTH-OF-PAYMENT RESTANCE - TOTAL		155.94 'FOR JAN	.090 2003 THRU	ONT	240.94 2003 THLY AVERA	.GE -	14.04 AGE 9,692 01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	9,711 ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	ASSIS E	1,514,311.98 ONTH-OF-PAYMENT R	AVE	155.94 FOR JAN	.090 2003 THRU M UNITS/DAY	ONT S	240.94 2003 THLY AVERA COST PER	.GE -	14.04 AGE 9,692 01/29/04 COST PER
PLACER COUNTY	SUMMARY OF SERVICE	9,711 ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES	AVE PER	155.94 FOR JAN RAGE COST UNIT/DAY	.090 2003 THRU M UNITS/DAY PER ELIG	ONT S	240.94 2003 THLY AVERA COST PER USER	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE
PLACER COUNTY	SUMMARY OF SERVICE	9,711 ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845	ASSIS E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80	.090 2003 THRU M UNITS/DAY PER ELIG 5.199	ONT S	240.94 2003 CHLY AVERA COST PER USER 277.70	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94
PLACER COUNTY	SUMMARY OF SERVICE	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028	ONT S	240.94 2003 THLY AVERA COST PER USER 277.70 555.12	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79
PLACER COUNTY	SUMMARY OF SERVICE	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00	AVE PER	155.94 FOR JAN RAGE COST UNIT/DAY 4.80	.090 2003 THRU M UNITS/DAY PER ELIG 5.199	ONT S	240.94 2003 THLY AVERA COST PER USER 277.70 555.12 .00	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94
PLACER COUNTY	SUMMARY OF SERVICE	9,711 EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 9,690 736 0 44 1.871	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000	ONT S	240.94 2003 THLY AVERA COST PER USER 277.70 555.12 .00	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 9,690 736 0 44 1.871	9,711 EES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 9,690 736 0 44 1.871	9,711 EES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 9,690 736 0 44 1.871	9,711 CES AND EXPENDITU CI/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 9,690 736 0 44 1,871 1,149 734 51	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004	ONT S	240.94 2003 THLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 9,690 736 0 44 1,871 1,149 734 51 31	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004	ONT S	240.94 2003 COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88	.GE - (14.04 AGE 9,692 01/29/04
MOPU24 PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001	ONT S	240.94 2003 PHLY AVERA COST PER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 8	9,711 EES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 8 66 148	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001 .001 .001	ONT S	240.94 2003 HLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 8 66 148 140	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386 372	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49 46,839.81	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50 125.91	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001 .001 .001 .001	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10 334.57	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44 .43
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 8 66 148 140 9	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386 372 14	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49 46,839.81 830.68	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50 125.91 59.33	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001 .001 .004 .001	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10 334.57 92.30	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44 .43 .01
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 86 66 148 140 9 22	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386 372 14 46	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49 46,839.81 830.68 1,190.49	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50 125.91 59.33 25.88	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001 .001 .001 .004	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10 334.57 92.30 54.11	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44 .43 .01 .01
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 8 66 148 140 9 22 1,043	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386 372 14 46 4,170	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49 46,839.81 830.68 1,190.49 183,577.05	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50 125.91 59.33 25.88 44.02	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .011 .001 .001 .001 .001 .00	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10 334.57 92.30 54.11 176.01	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44 .43 .01 .01 1.70
PLACER COUNTY 107,877 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 9,690 736 0 44 1,871 1,149 734 51 31 816 56 234 19 1,621 86 66 148 140 9 22	9,711 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 560,845 2,994 0 53 88,910 10,815 77,635 460 69 12,681 57 5,555 288 3,615 63 141 386 372 14 46	ASSIS E E	1,514,311.98 DNTH-OF-PAYMENT RI EXPENDITURES 2,690,959.87 408,569.10 .00 16,821.78 389,404.05 143,957.74 219,309.67 26,136.64 1,248.90 880,365.54 5,835.00 224,634.64 1,636.94 39,533.86 685.84 1,666.59 47,670.49 46,839.81 830.68 1,190.49	AVE PER \$	155.94 FOR JAN RAGE COST UNIT/DAY 4.80 136.46 .00 317.39 4.38 13.31 2.82 56.82 18.10 69.42 102.37 40.44 5.68 10.94 10.89 11.82 123.50 125.91 59.33 25.88	.090 2003 THRU M UNITS/DAY PER ELIG 5.199 .028 .000 .000 .824 .100 .720 .004 .001 .118 .001 .051 .003 .034 .001 .001 .001 .004	ONT S	240.94 2003 PHLY AVERA COST PER USER 277.70 555.12 .00 382.31 208.13 125.29 298.79 512.48 40.29 1078.88 104.20 959.98 86.15 24.39 85.73 25.25 322.10 334.57 92.30 54.11	.GE - (14.04 AGE 9,692 01/29/04 COST PER ELIGIBLE 24.94 3.79 .00 .16 3.61 1.33 2.03 .24 .01 8.16 .05 2.08 .02 .37 .01 .02 .44 .43 .01 .01

LOCAL EDUCATION AGENCIES	1,568	58,518	169,462.50	2.90	.542	108.08	1.57
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.001	1490.11	.04
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,154	382,235	201,244.35	.53	3.543	93.43	1.87
@CALIF. CHILDREN SERVICES*	901	72,012	\$ 1,115,311.06	\$ 15.49	.668	\$ 1237.86	\$ 10.34
@XOVER EXCLUDING STATE HOSP**	7,638	77,831	\$ 1,078,849.73	\$ 13.86	.721	\$ 141.25	\$ 10.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,693 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X ----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 6,006 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,010 734 230 79,015 \$ 2,053,700.03 80,603.14 \$ 13.276.30 @TOTAL, ALL PROVIDERS 2,053,766.03 \$ 25.99 13.156 \$ 512.16 \$ 341.95 230 198 0 37 0 0 14 30 24 2 34.77 39.16 35.13 .00 70.86 .00 2,318 .386 \$ 109.81 \$ @PHYSICIANS SERVICES 13.42 339 .056 OUTPATIENT VISITS 57.72 2.21 35.10
35.13
.047
.00
.000
70.86
.007
.00
.000
.000
.000
.27.32
.003
.46.24
.021
.44.89
.019
121.60
.000
.47.39
.001
.42.60
.007
.43.32
.007
.28.23
.000
.39.20
.012
.499.20
.003
.319.61
.001
.21.35
.009
.25.22
.018
.273.31
.007
.162.70
.000
.26.10
.011
.56.60
.001
.24.07
.008
.43.24
.041
.32.98
.000
.000 280 .047 49.68 OFFICE VISITS 9,835.95 0 42 .00 .00 HOME VISITS .00 2,975.95 .00 80.43 EMERGENCY ROOM .50 0 .00 .00 PREVENTIVE CARE 0 .00 OB VISITS/COMPRE PERI .00 .00 33.17 194.22 218.82 464.40 17 OTHER OUTPATIENT .08 5,826.50 INPATIENT VISITS 126 .97 117 5,251.60 HOSPITAL VISITS 2 243.20 121.60 CRITICAL CARE 5 7
27 42
25 40
2 2
17 75
10 16
4 4
7 55
40 110
35 43
2 2
10 65
4 6
28 47
122 246
3 3
12 22 SNF/ICF/TRANS IP CARE 7 331.70 66.34 42.60 43.32 28.23 139.20 499.20 319.61 21.35 OPHTHALMOLOGICAL SERVICES 1,789.11 66.26 .30 EXAMINATIONS 1,732.65 69.31 . 29 SERVICES AND MATERIALS 56.46 28.23 .01 10,439.82 INPATIENT HOSPITAL SURGERY 614.11 1.74 7,987.13 798.71 PRINCIPAL SURGEON ASSISTANT SURGEON 1,278.45 319.61 .21 ANESTHESIOLOGIST 1,174.24 167.75 .20 13,774.25 344.36 OUTPATIENT SURGERY 2.29 PRINCIPAL SURGEON 11,752.27 ASSISTANT SURGEON 325.40 162.70 .05 ANESTHESIOLOGIST 1,696.58 169.66 . 28 DIALYSIS 339.60 84.90 .06 **PATHOLOGY** 1,131.39 40.41 .19 10,636.23 RADIOLOGY 87.18 1.77 98.94 32.98 .02 PSYCHIATRY .004 12 IMMUNIZATION AND INJECTION 22 134.60 6.12 11.22 .02 1,302 48,175 OTHER SERVICES/ALL X-OVERS 469 23,156.40 17.79 .217 49.37 3.86 3,405 760,448.83 \$ 15.79 8.021 \$ 223.33 \$ @PHARMACY 54.61 44.71 55.66 .44 3,368 PRESCRIPTION DRUGS 13,644 745,090.74 2.272 221.23 124.06 209 1,315 58,799.56 .219 281.34 9.79 SNF/ICF 3,172 12,329 686,291.18 OUTPATIENTS 2.053 216.36 114.27 MEDICAL SUPPLIES 214 34,531 15,358.09 5.749 71.77 .188 \$ 303 1,127 60,623.25 53.79 200.08 \$ @DENTIST 10.09 629 145 185 VISITS - DIAGNOSTIC 8,805.00 14.00 .105 47.59 1.47 .105 .024 .000 .000 5,725.25 ORAL SURGERY 49 39.48 116.84 . 95 .00 .00 0 0 .00 **DRUGS** 0 0 5 .00 .00 .00 ANESTHESIA 918.00 PERIODONTICS 183.60 183.60 .15 15 4,115.00 274.33 .002 293.93 ENDODONTICS 14 .69 15,291.00 99.94 153 .025 215.37 2.55 RESTORATIVE DENTISTRY PROSTHETICS 60.00 30.00 .000 30.00 .01

DENTURES, STAYPLATES	64	177	25,709.00	145.25	.029	401.70	4.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,694
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN - NO SO	C - AGED AID CODE	14 1H 1U	1X		
					MONT	THLY AVERAG	E
6,006 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER

PLACER COUNTY	SUMMAKI OF SERV	TCED FOR PIN IN	J 50C	- AGED AID	CODE 14 III 1		NICHTIT 17 NI 7 TT 7 N	a F	
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	HOEDO	IINITUO OE OEDIITO			ATTED ACE COC		ONTHLY AVERA	AGE'	
6,006 ELIGIBLES	USERS	UNITS OF SERVICE	5 -	EXPENDITURES					
CODMONDED TOM	98	OR DAYS OF CAR	<u>.</u>	5,311.84	PER UNIT/DA	Y PER ELIG	USER	4	ELIGIBLE
@OPTOMETRIST	98	25I	\$	5,311.84	\$ 21.16	.042		Ş	
DIAGNOSTIC AND ANC. PROCED	31	31 101		1,309.77	42.25	.005	42.25		.22
EYE APPLIANCES	66	181		3,008.77	16.62	.030	45.59		.50
OTHER OPTOMETRIC SERVICES	21	39		993.30	25.47	.006	47.30		.17
@CHIROPRACTOR	1	3	Ş	34.71	\$ 11.57	.000		Ş	
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	3		34.71	11.57	.000	34.71		.01
@PODIATRIST	43	50	\$	669.88	\$ 13.40	.008		\$	
MEDICINE/INJECTIONS	2	2		87.80	43.90	.000	43.90		.01
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	41	48		582.08	12.13	.008	14.20		.10
@HOME HEALTH AGENCY	6	60	\$	4,339.17	\$ 72.32	.010	\$ 723.20		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$ 82.70	.000			
@TOTAL HOSPITAL	265	1,778	\$	208,083.85	\$ 117.03	.296	\$ 785.22	\$	
HOSP INPATIENT TOTAL	47	192		175,874.72	916.01	.032	3742.02		29.28
HSC HOSPITALS	19	89		104,770.00	1177.19	.015	5514.21		17.44
NON-HSC HOSPITAL TOTAL	5	17		54,960.19	3232.95	.003	10992.04		9.15
ACCOMMODATIONS	5	17		12,040.32	708.25	.003	2408.06		2.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	17		12,040.32	708.25	.003	2408.06		2.00
ANCILLARIES	5	0		42,919.87	.00	.000	8583.97		7.15
TNPATIENT CROSSOVERS	24	86		16,144.53	187.73	.014	672.69		2.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATTENT TOTAL	222	1.586		32,209.13	20.31	.264			5.36
MEDICAL	27	45		1,545.47	34.34	.007	145.09 57.24		.26
SURGERY	16	18		1,627.74		.003	101.73		.27
PATHOLOGY	52	316		2,595.88	90.43 8.21	.053	49.92		.43
RADIOLOGY	32	54		3,743.30	69.32	.009	113.43		.62
ROOM USE	68	97		3,711.36	38.26	.016	54.58		.62
CROSSOVERS/ALL OTH OUTPTNT	146	1.056		18,985.38	17.98	.176	130.04		3.16
@COUNTY HOSPITAL TOTAL	. 10	1,030	Ś	.00	\$.00	.000		Ś	
CO HOSPITAL INPATIENT TOTAL	, 0	0	Υ	.00	.00	.000	.00	Y	.00
HSC HOSPITALS	. 0	0		.00	.00	.000	.00		.00
NON-HSC HOSDITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
VOODITIONS	0	0		.00	.00	.000	.00		.00
TPANCITIONAL TO CAPE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANOTI I ADTEC	0	0		.00	.00	.000	.00		.00
TMDATTENT CDOCCOMEDO	0	0		.00	.00	.000	.00		.00
VII OURD INDVATENA INCUITENI CKODDOVEKO	0	0		.00	.00	.000	.00		.00
ALL OIDER INPAILENI	U	U		.00	.00	.000	.00		.00
					()()	(1(1()	(1()		(1()
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00

SURGERY PATHOLOGY	0	0 0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 9,695
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO	C - AGED AID C	ODE 14 1H 1U	1X		
					MON7	THLY AVERAG	GE
6,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	265	OR DAYS OF CARE 1,778 \$		PER UNIT/DAY \$ 117.03	PER ELIG .296 \$	USER 785.22	_
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	265 47				_		_
		1,778 \$	208,083.85 175,874.72 104,770.00	\$ 117.03	.296 \$	785.22	\$ 34.65
COMM HOSP INPATIENT TOTAL	47	1,778 \$ 192	208,083.85 175,874.72	\$ 117.03 916.01	.296 \$.032	785.22 3742.02	\$ 34.65 29.28

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	17		12,040.32		708.25	.003		2408.06		2.00
ANCILLARIES	5	0		42,919.87		.00	.000		8583.97		7.15
INPATIENT CROSSOVERS	24	86		16,144.53		187.73	.014		672.69		2.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	222	1,586		32,209.13		20.31	.264		145.09		5.36
MEDICAL	27	45		1,545.47		34.34	.007		57.24		. 26
SURGERY	16	18		1,627.74		90.43	.003		101.73		. 27
PATHOLOGY	52	316		2,595.88		8.21	.053		49.92		.43
RADIOLOGY	33	54		3,743.30		69.32	.009		113.43		.62
ROOM USE	68	97		3,711.36		38.26	.016		54.58		.62
CROSSOVERS/ALL OTH OUTPTNT	146 0	1,056	Å	18,985.38	Å	17.98	.176	4	130.04	4	3.16
@STATE HOSPITAL MENTALLY ILL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	216	6,027	\$	721,325.15	ė	119.68	1.003	\$		بع	120.10
LEV A-INTERMEDIATE	8	217	Ą	14,742.98	Ą	67.94	.036	Ą	1842.87	Ą	2.45
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	208	5,810		706,582.17		121.61	.967		3397.03		117.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	т.	.00	т.	.00	.000	т.	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	115	\$	18,318.97	\$	159.30	.019	\$	678.48	\$	3.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	27	115		18,318.97		159.30	.019		678.48		3.05
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	94	456	\$	5,176.99	\$	11.35	.076	\$	55.07	\$.86
PATHOLOGY	90	450		5,098.15		11.33	.075		56.65		.85
XO AND OTHERS	4	6	4.	78.84	4.	13.14	.001	4.	19.71	4.	.01
@ORGANIZED OUTPATIENT CLINIC	183	301	\$	37,852.76	\$	125.76	.050	\$	206.85	\$	6.30
CLINIC	1	3		103.30		34.43	.000		103.30		.02
SURGICENTER	10 0	32		2,602.75		81.34	.005		260.28		.43
HEROIN DETOX CLINIC		0 266		.00		.00 132.13	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI CAI SERVIC		IDEC M	35,146.71 ONTH-OF-PAYMENT R	יים חחם יי		.044	חבכ	203.16	П	5.85 AGE 9,696
MOP024	FEE-FOR-SERVICE		JKES M	ONIH-OF-PAIMENI R	KEPORI	FOR JAN .	2003 IHRU	DEC	2003	P	01/29/04
PLACER COUNTY			JO 200	- AGED AID		1/1 111 111	1 v				01/29/04
FHACER COUNTY	SUMMANT OF SERV	TCES FOR MIN - I	10 300	- AGED AIL	J CODE	14 111 10	M	ONT.	HIV VALED	GE	
6,006 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST					COST PER
O,000 EDIGIBLES	OBLIG	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	486	18,353	\$	150,894.79	\$	8.22	3.056		310.48		25.12
DURABLE MED. EQUIP.	29	63		7,681.29		121.93	.010	•	264.87	•	1.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		2,209.21		736.40	.000		736.40		.37
MEDICAL TRANSPORTATION	92	2,367		13,637.58		5.76	.394		148.23		2.27
AMBULANCES/AIR TRANS	26	178		2,720.52		15.28	.030		104.64		.45
OTHER TRANS	64	2,131		10,622.40		4.98	.355		165.98		1.77
OTHER SERVICES	4	58		294.66		5.08	.010		73.67		.05
ACUPUNCTURE	1	1		27.03		27.03	.000		27.03		.00
ADULT DAY HEALTH CARE CTR	101	1,465		101,695.02		69.42	.244		1006.88		16.93
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28		2,605.79		93.06	.005		289.53		.43
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	91	218	2,694.05	12.36	.036	29.60	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	98.39	8.20	.002	14.06	.02
PROSTHETIST/ORTHOTISTS	4	5	388.50	77.70	.001	97.13	.06
PROSTHETICS	4	5	388.50	77.70	.001	97.13	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	24	39	3,352.61	85.96	.006	139.69	.56
HOSPICE SERVICES	6	55	5,991.03	108.93	.009	998.51	1.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	145	14,097	10,514.29	.75	2.347	72.51	1.75
@CALIF. CHILDREN SERVICES*	1	1	\$ 52.70	\$ 52.70	.000	\$ 52.70	\$.01
@XOVER EXCLUDING STATE HOSP**	682	3,809	\$ 100,247.31	\$ 26.32	.634	\$ 146.99	\$ 16.69

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,697 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

PLACER COUNTI	SUMMARI OF SER	ON - MM AO1 CESIV.	200	– סמדמס	AID CODE			
						MON	ITHLY AVERA	.GE
55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39	2,768	\$	83,008.09	\$ 29.99	50.327		
@PHYSICIANS SERVICES	6	18	\$	696.69	\$ 38.71	.327	116.12	\$ 12.67
OUTPATIENT VISITS	3	3		136.95	45.65	.055	45.65	2.49
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	2	2		68.60	34.30	.036	34.30	1.25
EMERGENCY ROOM	1	1		68.35	68.35	.018	68.35	1.24
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	10		444.30	44.43	.182	222.15	8.08
HOSPITAL VISITS	2	10		444.30	44.43	.182	222.15	8.08
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		13.84	6.92	.036	13.84	. 25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		101.60	33.87	.055	33.87	1.85
@PHARMACY	24	2,241	\$	15,252.09	\$ 6.81	40.745	635.50	\$ 277.31
PRESCRIPTION DRUGS	24	132		13,756.25	104.21	2.400	573.18	250.11
SNF/ICF	12	82		4,751.67	57.95	1.491	395.97	86.39
OUTPATIENTS	12	50		9,004.58	180.09	.909	750.38	163.72

MEDICAL SUPPLIES	10	2,109	1,4	195.84		.71	38.345		149.58		27.20
@DENTIST	4	8	\$ 1,0	035.00	\$	129.38	.145	\$	258.75	\$	18.82
VISITS - DIAGNOSTIC	3	6		L35.00		22.50	.109		45.00		2.45
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2	9	900.00		450.00	.036		900.00		16.36
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-OF-PAY	MENT RE	EPORT	FOR JAN	2003 THRU	DEC 2	003	PAGE	9,698
MOP024	FEE-FOR-SERVICE/DENT	AL								0	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC - BLIND			AID CODE	24				
							I	'AHTNON	Y AVERAG	GE	

									HLY AVERA		
55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	38.63	\$	12.88	.055	\$	12.88	\$.70
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		38.63		12.88	.055		12.88		.70
@HOME HEALTH AGENCY	0	0	Ġ	.00	Ġ	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	2	11	Š	11,896.98	Š	1081.54	.200	Š	5948.49	Š	216.31
HOSP INPATIENT TOTAL	1	10	Τ	11,850.00	τ.	1185.00	.182		11850.00	~	215.45
HSC HOSPITALS	1	10		11,850.00		1185.00	.182		11850.00		215.45
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	ñ	Ů.		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1		46.98		46.98	.018		46.98		.85
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		46.98		46.98	.018		46.98		.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
HOC HOSETIATIO	U	U		.00		.00	.000		.00		.00

						•	0.0	000		0.0		0.0
NON-HSC HOSPITALS TOTAL	0		0		.0		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.0		.00	.000		.00		.00
ANCILLARIES	0		0		.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.0		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.0		.00	.000		.00		.00
MEDICAL	0		0		.0		.00	.000		.00		.00
SURGERY	0		0		.0	0	.00	.000		.00		.00
PATHOLOGY	0		0		.0	0	.00	.000		.00		.00
RADIOLOGY	0		0		.0	0	.00	.000		.00		.00
ROOM USE	0		0		.0	0	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITURE	S MON	TH-OF-PAYMENT	REP	ORT FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 9,699
MOP024	FEE-FOR-SERVICE											01/29/04
PLACER COUNTY	SUMMARY OF SERV		N - NO	SOC -	BLIND		AID CODE	24				
									CNO	THLY AVERA	GE	
55 ELIGIBLES	USERS	UNITS OF SI	ERVICE		EXPENDITURE	S i	AVERAGE COST					COST PER
	0.0	OR DAYS OF				1	PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2			\$	11.896.9	0	d 1001 E/			5948.49		-
COMM HOSP INPATIENT TOTAL	1		10	т	11,896.9 11,850.0	0	1185.00 1185.00	.182		11850.00	т	215.45
HSC HOSPITALS	1		10		11,850.0	0	1185 00	.182		11850.00		215.45
NON-HSC HOSPITALS TOTAL	0		0		.0	0	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.0		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.0		.00	.000				.00
TRANSITIONAL IP CARE	0		0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.0		.00	.000		.00		.00
ANCILLARIES	0		0		.0		.00	.000		.00		.00
	0		0		.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0									
ALL OTHER INPATIENT	0		0		.0		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1		1		46.9		46.98	.018		.00 46.98 .00 .00		.85
MEDICAL	0		0		.0		.00	.000		.00		.00
SURGERY	0		0		.0		.00					.00
PATHOLOGY	0		0		.0		.00	.000		.00		.00
RADIOLOGY	0		0		.0		.00	.000		.00		.00
ROOM USE	0		0		.0		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1		1	4.	46.9		46.98	.018		46.98	4.	.85
@STATE HOSPITAL	0			\$.0		\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.0		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.0		.00	.000		.00		.00
@NURSING FACILITY	13	4		\$	52,588.0	6	\$ 116.60	8.200	\$	4045.24	\$	956.15
LEV A-INTERMEDIATE	0		0		.0	0	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.0	0	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.0	0	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.0	0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.0	0	.00	.000		.00		.00
LEV B-REGULAR	13	4	451		52,588.0	6	116.60	8.200		4045.24		956.15
@INTERMEDIATE CARE FACILDD	0		0	\$.0	0 :	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.0		.00	.000	•	.00	•	.00
ICF DD	0		0		.0		.00	.000		.00		.00
TOE DOM/DOOM	0		Λ		0	Λ	0.0	000		0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

PATHOLOGY	2	8	131.73	16.47	.145	65.87	2.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MON	TH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 9,700
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - NO SOC -	BLIND	AID CODE :	24		
					MONT	HLY AVERAGE	E
55 ELIGIBLES	USERS UNITS C	F SERVICE	EXPENDITURES A	AVERAGE COST 1	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE	I	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	28 \$	1,368.91	\$ 48.89	.509 \$	195.56	\$ 24.89
DURABLE MED. EQUIP.	1	7	1,140.02	162.86	.127	1140.02	20.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	20	224.03	11.20	.364	44.81	4.07
AMBULANCES/AIR TRANS	2	12	176.10	14.68	.218	88.05	3.20
OTHER TRANS	3	8	47.93	5.99	.145	15.98	.87
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	4.86	4.86	.018	4.86	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	11	7 \$	782.82	\$ 111.83	.127	\$ 71.17	\$ 14.23
O* MOMATO TAL MUROR TIMES AND CITY	31 30 3 OFFISHER 1		** .				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PLACER COUNTI	SUMMARI OF SERV	VICES FOR MIN - NO S	- OC	DISABLED 04	OG OH OU OV OA	0.6			
						MC	NTHLY AVERA	4GE	
6,256 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,693	113,838 \$		4,666,342.41	\$ 40.99	18.197	\$ 994.32	\$	745.90
@PHYSICIANS SERVICES	1,273	6,155 \$		259,917.88	\$ 42.23	.984	\$ 204.18	\$	41.55
OUTPATIENT VISITS	537	873		35,456.45	40.61	.140	66.03		5.67
OFFICE VISITS	389	583		19,111.55	32.78	.093	49.13		3.05
HOME VISITS	1	1		34.30	34.30	.000	34.30		.01
EMERGENCY ROOM	157	217		14,521.66	66.92	.035	92.49		2.32
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	58	72		1,788.94	24.85	.012	30.84		.29
INPATIENT VISITS	153	869		34,567.89	39.78	.139	225.93		5.53
HOSPITAL VISITS	141	804		29,934.84	37.23	.129	212.30		4.78
CRITICAL CARE	6	27		3,222.40	119.35	.004	537.07		.52
SNF/ICF/TRANS IP CARE	13	38		1,410.65	37.12	.006	108.51		.23
OPHTHALMOLOGICAL SERVICES	11	15		682.09	45.47	.002	62.01		.11
EXAMINATIONS	11	15		682.09	45.47	.002	62.01		.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	79	650		60,033.03	92.36	.104	759.91		9.60
PRINCIPAL SURGEON	68	143		49,120.70	343.50	.023	722.36		7.85
ASSISTANT SURGEON	4	4		1,059.93	264.98	.001	264.98		.17
ANESTHESIOLOGIST	22	503		9,852.40	19.59	.080	447.84		1.57
OUTPATIENT SURGERY	84	183		17,585.36	96.09	.029	209.35		2.81
PRINCIPAL SURGEON	77	108		15,537.93	143.87	.017	201.79		2.48
ASSISTANT SURGEON	2	2		303.05	151.53	.000	151.53		.05
ANESTHESIOLOGIST	11	73		1,744.38	23.90	.012	158.58		.28
				·					

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	13	68		3,959.56		58.23	.011		304.58		.63
PATHOLOGY	71	191		6,536.23		34.22	.031		92.06		1.04
RADIOLOGY	308	1,026		51,899.95		50.58	.164		168.51		8.30
PSYCHIATRY	7	7		230.86		32.98	.001		32.98		.04
IMMUNIZATION AND INJECTION	36	339		3,845.78		11.34	.054		106.83		.61
OTHER SERVICES/ALL X-OVERS	698	1,934		45,120.68		23.33	.309		64.64		7.21
@PHARMACY	3,653	31,288	\$	1,672,593.89	\$	53.46	5.001	\$	457.87	\$	267.36
PRESCRIPTION DRUGS	3,605	16,613		1,643,380.46		98.92	2.656		455.86		262.69
SNF/ICF	137	1,508		98,647.56		65.42	.241		720.06		15.77
OUTPATIENTS	3,491	15,105		1,544,732.90		102.27	2.414		442.49		246.92
MEDICAL SUPPLIES	227	14,675		29,213.43		1.99	2.346		128.69		4.67
@DENTIST	394	1,802	\$	92,673.50	\$	51.43	.288	\$	235.21	\$	14.81
VISITS - DIAGNOSTIC	236	892		12,378.50		13.88	.143		52.45		1.98
ORAL SURGERY	68	291		13,415.00		46.10	.047		197.28		2.14
DRUGS	1	2		25.00		12.50	.000		25.00		.00
ANESTHESIA	3	3		300.00		100.00	.000		100.00		.05
PERIODONTICS	17	18		2,209.00		122.72	.003		129.94		.35
ENDODONTICS	32	64		13,695.00		213.98	.010		427.97		2.19
RESTORATIVE DENTISTRY	135	333		30,260.00		90.87	.053		224.15		4.84
PROSTHETICS	4	4		90.00		22.50	.001		22.50		.01
DENTURES, STAYPLATES	54	170		20,231.00		119.01	.027		374.65		3.23
SPACE MAINTAINERS	1	1		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		70.00		70.00	.000		70.00		.01
ALL OTHER SERVICES	9	23		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	r for Jan	2003 THRU	DEC	2003	PF	AGE 9,702
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR MN - N	0 SOC	: - DISABLED 64 6	6G 6I	4 6U 6V 62	X 8G				

----- MONTHLY AVERAGE -----6,256 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 335 6,855.35 \$ 20.46 .054 \$ 59.10 \$ 116 DIAGNOSTIC AND ANC. PROCED 45 1,974.16 43.87 .007 43.87 .32 EYE APPLIANCES 280 4,509.14 16.10 .045 47.46 .72 10 OTHER OPTOMETRIC SERVICES 11 372.05 37.21 .002 33.82 .06 20 .003 \$.05 @CHIROPRACTOR 334.40 16.72 23.89 \$ 19 VISITS 317.68 16.72 .003 24.44 .05 OTHER SERVICES 1 1 16.72 16.72 .000 16.72 .00 75 996.22 @PODIATRIST 13.28 .012 \$ 23.72 \$.16 MEDICINE/INJECTIONS 5 148.00 29.60 .001 37.00 .02 SURGERY/ANES. 16.76 16.76 .000 16.76 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 69 OTHER 38 831.46 12.05 21.88 .011 .13 12,820 29.68 @HOME HEALTH AGENCY 380,443.97 2.049 \$ 5764.30 60.81 0 .00 \$.00 .000 \$.00 .00 NURSE ANESTHESIST .00 .00 \$.000 \$ NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 .00 0 .00 FAMILY NURSE PRACTITIONER 0 .000 .00 .00 6,607 1,401,105.42 212.06 @TOTAL HOSPITAL 665 1.056 \$ 2106.93 \$ 223.96 HOSP INPATIENT TOTAL 130 1,047 1,277,112.48 1219.78 .167 9823.94 HSC HOSPITALS 75 701 810,641.28 1156.41 10808.55 129.58 .112 NON-HSC HOSPITAL TOTAL 38 265 1705.39 .042 11892.86 72.24 451,928.75 ACCOMMODATIONS 265 155,990.82 588.64 .042 4215.97 24.93 ADMINISTRATIVE DAYS 55 12,201.08 221.84 .009 3050.27 1.95 .000 .00 TRANSITIONAL IP CARE .00 .00 4357.26 ALL OTHER ACCOM 33 210 143,789.74 684.71 .034 22.98 38 .00 7787.84 ANCILLARIES 0 295,937.93 .000 47.30 .013 81 14,542.45 179.54 632.28 INPATIENT CROSSOVERS 2.32 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	587	5,560	123,992.94	22.30	.889	211.23	19.82
MEDICAL	108	195	7,451.11	38.21	.031	68.99	1.19
SURGERY	32	34	2,025.96	59.59	.005	63.31	.32
PATHOLOGY	214	1,971	14,146.74	7.18	.315	66.11	2.26
RADIOLOGY	135	256	20,163.22	78.76	.041	149.36	3.22
ROOM USE	226	390	14,624.39	37.50	.062	64.71	2.34
CROSSOVERS/ALL OTH OUTPTNT	390	2,714	65,581.52	24.16	.434	168.16	10.48
@COUNTY HOSPITAL TOTAL	4	74	\$ 74,785.15	\$ 1010.61	.012	\$ 18696.29	\$ 11.95
CO HOSPITAL INPATIENT TOTAL	1	55	74,360.00	1352.00	.009	74360.00	11.89
HSC HOSPITALS	1	55	74,360.00	1352.00	.009	74360.00	11.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	19	425.15	22.38	.003	141.72	.07
MEDICAL	2	2	132.99	66.50	.000	66.50	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	151.47	12.62	.002	151.47	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.33	33.08	.001	44.11	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.36	8.36	.000	8.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT R	REPORT FOR JAN 2	003 THRU D	EC 2003	PAGE 9,703
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MN - NO	SOC - DISABLED 64	6G 6H 6U 6V 6X	8G		
					MO	NTHLY AVERA	GE
6 DE6 ELICIDIES	TICEDO INTERO	OF CEDITOR	EADEMDIALO	ATTED A CE COCH	TINTETIC / DAVO		COCH DED

					MC	MIHLY AVERA	ŒE:	
6,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	663	6,533	\$ 1,326,320.27	\$ 203.02	1.044	\$ 2000.48	\$	212.01
COMM HOSP INPATIENT TOTAL	129	992	1,202,752.48	1212.45	.159	9323.66		192.26
HSC HOSPITALS	74	646	736,281.28	1139.75	.103	9949.75		117.69
NON-HSC HOSPITALS TOTAL	38	265	451,928.75	1705.39	.042	11892.86		72.24
ACCOMMODATIONS	37	265	155,990.82	588.64	.042	4215.97		24.93
ADMINISTRATIVE DAYS	4	55	12,201.08	221.84	.009	3050.27		1.95
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	33	210	143,789.74	684.71	.034	4357.26		22.98
ANCILLARIES	38	0	295,937.93	.00	.000	7787.84		47.30
INPATIENT CROSSOVERS	23	81	14,542.45	179.54	.013	632.28		2.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	585	5,541	123,567.79	22.30	.886	211.23		19.75
MEDICAL	106	193	7,318.12	37.92	.031	69.04		1.17
SURGERY	32	34	2,025.96	59.59	.005	63.31		.32
PATHOLOGY	213	1,959	13,995.27	7.14	.313	65.71		2.24
RADIOLOGY	135	256	20,163.22	78.76	.041	149.36		3.22
ROOM USE	224	386	14,492.06	37.54	.062	64.70		2.32
CROSSOVERS/ALL OTH OUTPINT	389	2,713	65,573.16	24.17	.434	168.57		10.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	82	2,203	\$ 287,187.73	\$ 130.36	.352	\$ 3502.29	\$	45.91
LEV A-INTERMEDIATE	10	342	32,646.48	95.46	.055	3264.65		5.22
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	2	42	22,638.42	539.01	.007	11319.21		3.62
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	71	1,819	231,902.83	127.49	.291	3266.24		37.07
@INTERMEDIATE CARE FACILDD	6	119	\$ 20,743.41	\$ 174.31	.019	\$ 3457.24	\$	3.32

ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 4 89 16,268.31 182.79 .014 4067.08 2	.60
@HEMODIALYSIS TOTAL 54 813 \$ 42,540.18 \$ 52.32 .130 \$ 787.78 \$ 6	.80
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 54 813 42,540.18 52.32 .130 787.78	.80
@REHABILITATION FACILITY 5 18 \$ 420.87 \$ 23.38 .003 \$ 84.17 \$.07
HOSPITAL BASED 5 18 420.87 23.38 .003 84.17	.07
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 227 1,032 \$ 17,730.56 \$ 17.18 .165 \$ 78.11 \$ 2	.83
PATHOLOGY 222 1,016 17,707.86 17.43 .162 79.77 2	.83
XO AND OTHERS 5 16 22.70 1.42 .003 4.54	.00
@ORGANIZED OUTPATIENT CLINIC 443 842 \$ 107,697.54 \$ 127.91 .135 \$ 243.11 \$ 17	.22
CLINIC 37 80 2,087.91 26.10 .013 56.43	.33
SURGICENTER 6 18 704.50 39.14 .003 117.42	.11
HEROIN DETOX CLINIC 3 47 549.65 11.69 .008 183.22	.09
RURAL HEALTH CLINIC 398 697 104,355.48 149.72 .111 262.20 16	.68
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	9,704
MOP024 FEE-FOR-SERVICE/DENTAL 01,	29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE | COST PER 6,256 ELIGIBLES USERS

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,705 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K PLACER COUNTY

71,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,413	165,601	\$ 8,236,212.20	\$ 49.74	2.321	\$ 280.02	\$ 115.42
@PHYSICIANS SERVICES	13,609	30,824	\$ 1,437,400.54	\$ 46.63	.432	\$ 105.62	\$ 20.14
OUTPATIENT VISITS	10,934	14,786	541,198.76	36.60	.207	49.50	7.58
OFFICE VISITS	7,815	9,886	307,966.38	31.15	.139	39.41	4.32
HOME VISITS	1	1	56.30	56.30	.000	56.30	.00
EMERGENCY ROOM	2,329	2,618	131,383.92	50.18	.037	56.41	1.84
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	627	1,167	74,284.00	63.65	.016	118.48	1.04
OTHER OUTPATIENT	1,031	1,111	27,381.25	24.65	.016	26.56	.38
INPATIENT VISITS	453	1,378	97,312.24	70.62	.019	214.82	1.36
HOSPITAL VISITS	428	1,044	47,126.44	45.14	.015	110.11	.66
CRITICAL CARE	39	331	50,014.10	151.10	.005	1282.41	.70
SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	73	92	3,990.10	43.37	.001	54.66	.06

EXAMINATIONS	67	85	3,834.58	45.11	.001	57.23	.05
SERVICES AND MATERIALS	7	7	155.52	22.22	.000	22.22	.00
INPATIENT HOSPITAL SURGERY	518	2,180	309,791.92	142.11	.031	598.05	4.34
PRINCIPAL SURGEON	348	409	253,078.67	618.77	.006	727.24	3.55
ASSISTANT SURGEON	64	65	11,900.49	183.08	.001	185.95	.17
ANESTHESIOLOGIST	203	1,706	44,812.76	26.27	.024	220.75	.63
OUTPATIENT SURGERY	1,105	2,336		69.69	.033	147.33	2.28
PRINCIPAL SURGEON	963	1,225	131,471.93	107.32	.017	136.52	1.84
ASSISTANT SURGEON	12	12	1,584.32	132.03	.000	132.03	.02
ANESTHESIOLOGIST	234	1,099	29,741.06	27.06	.015	127.10	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,257	1,671	25,395.26	15.20	.023	20.20	.36
RADIOLOGY	2,622	4,036	171,444.24	42.48	.057	65.39	2.40
PSYCHIATRY	125	138	4,551.24	32.98	.002	36.41	.06
IMMUNIZATION AND INJECTION		529	33,636.00	63.58	.007	118.44	.47
OTHER SERVICES/ALL X-OVERS	1,184	3,678	87,283.47	23.73	.052	73.72	1.22
@PHARMACY	14,950	45,623 \$.639 \$		
PRESCRIPTION DRUGS	14,875	33,500	1,901,402.56	56.76	.469	127.83	26.65
SNF/ICF	17	72	4,108.72	57.07	.001	241.69	.06
OUTPATIENTS	14,865	33,428	1,897,293.84	56.76	.468	127.63	26.59
MEDICAL SUPPLIES	325	12,123	26,113.00	2.15	.170	80.35	.37
@DENTIST	4,229	20,423 \$	706,887.93		.286 \$	167.15	\$ 9.91
VISITS - DIAGNOSTIC	2,931	12,796	189,965.97	14.85	.179	64.81	2.66
ORAL SURGERY	529	1,051	53,064.50	50.49	.015	100.31	.74
DRUGS	289	352	7,527.50	21.38	.005	26.05	.11
ANESTHESIA	13	14	1,100.00	78.57	.000	84.62	.02
PERIODONTICS	65	68	9,213.00	135.49	.001	141.74	.13
ENDODONTICS	474	868	119,021.20	137.12	.012	251.10	1.67
RESTORATIVE DENTISTRY	1,646	4,671	284,589.38	60.93	.065	172.90	3.99
PROSTHETICS	26	28	650.00	23.21	.000	25.00	.01
DENTURES, STAYPLATES	54	183	18,406.00	100.58	.003	340.85	.26
SPACE MAINTAINERS	56	71	8,893.00	125.25	.001	158.80	.12
MAXILLOFACIAL SERVICES	8	10	510.89	51.09	.000	63.86	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	147	172	13,571.49	78.90	.002	92.32	.19
ALL OTHER SERVICES	131	139	375.00	2.70	.002	2.86	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,706
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSOC-	FAM 34 39 3N 3T 3V	54 59 5J 5W-5Y			
					MON	ITHLY AVERA	GE
71 260 DITATRIDA	TTOTTO	TRITTO OF OFFITTOR		ATTENACE COOK	TINTERO /DATEO	COCH DED	COCH DED

71 260 81 1018180	HOEDO	INITEG OF GERMAN	-		7. 7. 7.		TINTERIO / DA SZ	0	COCH DED	 COCH DED
71,360 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER	COST PER
		OR DAYS OF CAR	£		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	820	2,315	\$	53,723.84	\$	23.21	.032	\$	65.52	\$.75
DIAGNOSTIC AND ANC. PROCED	611	611		28,230.94		46.20	.009		46.20	.40
EYE APPLIANCES	579	1,668		24,561.39		14.73	.023		42.42	.34
OTHER OPTOMETRIC SERVICES	29	36		931.51		25.88	.001		32.12	.01
@CHIROPRACTOR	214	358	\$	5,927.24	\$	16.56	.005	\$	27.70	\$.08
VISITS	214	358		5,927.24		16.56	.005		27.70	.08
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	84	143	\$	6,717.39	\$	46.97	.002	\$	79.97	\$.09
MEDICINE/INJECTIONS	63	72		2,567.94		35.67	.001		40.76	.04
SURGERY/ANES.	12	19		2,187.31		115.12	.000		182.28	.03
RADIO./PATHOLOGY	10	12		214.52		17.88	.000		21.45	.00
OTHER	21	40		1,747.62		43.69	.001		83.22	.02
@HOME HEALTH AGENCY	46	6,778	\$	207,343.81	\$	30.59	.095	\$	4507.47	\$ 2.91
NURSE ANESTHESIST	1	7	\$	141.18	\$	20.17	.000	\$	141.18	\$.00
NURSE MIDWIFE	10	39	\$	1,034.54	\$	26.53	.001	\$	103.45	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	12	\$	354.21	\$	29.52	.000	\$	88.55	\$.00
@TOTAL HOSPITAL	5,275	22,279	\$	2,924,383.67	\$	131.26	.312	\$	554.39	\$ 40.98

HOOD TAIDAMTENM MOMAI	481	1,846		2 205 000 07	1297.88	0.26	4981.06	33.57
HOSP INPATIENT TOTAL HSC HOSPITALS				2,395,888.07 1,546,994.17	1226.80	.026	4981.06	
NON-HSC HOSPITAL TOTAL	148 147	579 579			1465.05	.008	5731.53	11.89
ACCOMMODATIONS	0				563.83	.008	2220.79	4.57
ADMINISTRATIVE DAYS	_	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	147	579		326,456.09	563.83	.008	2220.79	4.57
ANCILLARIES	148	0		521,810.18	.00	.000	3525.74	7.31
INPATIENT CROSSOVERS	1	6		627.63	104.61	.000	627.63	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	5,000	20,433			25.86	.286	105.70	7.41
MEDICAL	649	932			48.04	.013	68.99	.63
SURGERY	467	547		21,481.57	39.27	.008	46.00	.30
PATHOLOGY	1,784	7,681		73,176.05	9.53	.108	41.02	1.03
RADIOLOGY	1.235	1.699		103,355.29	60.83	.024	83.69	1.45
ROOM USE	3,754	4,731		181,444.85	38.35	.066	48.33	2.54
CROSSOVERS/ALL OTH OUTPTNT	1,761	4,843		104,264.56	21.53	.068	59.21	1.46
@COUNTY HOSPITAL TOTAL	9	81	\$	39,743.45	\$ 490.66	.001	\$ 4415.94	\$.56
CO HOSPITAL INPATIENT TOTAL	1	28			1352.00	.000	37856.00	.53
HSC HOSPITALS	1	28		37,856.00	1352.00	.000	37856.00	.53
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	8	5.3		1,887.45	35.61	.001	235.93	
MEDICAL	3	4		185.19	46.30	.000	61.73	.00
SURGERY	5	6		288.77	48.13	.000	57.75	.00
PATHOLOGY	3	15		284.27	18.95	.000	94.76	.00
RADIOLOGY	1	1		17.79	17.79	.000	17.79	.00
ROOM USE	7	14		837.28	59.81	.000	119.61	.01
CROSSOVERS/ALL OTH OUTPTNT	5	13		274.15	21.09	.000	54.83	.00
			ES MO					
	FEE-FOR-SERVICE/DENTA							01/29/04
	SUMMARY OF SERVICES FO		7-FДМ	1 34 39 3N 3T 3V 5	54 59 5T 5W-5V	6.T 7.T 7K		01/25/01
		310 1110 110000		. 31 32 31 31 30 3	,1 5, 55 5W 51		ONTHLY AVERA	GE
=4 040						1.10		

					MC)NTHLY AVERA(3比
71,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,269	22,198	\$ 2,884,640.22	\$ 129.95	.311	\$ 547.47	\$ 40.42
COMM HOSP INPATIENT TOTAL	480	1,818	2,358,032.07	1297.05	.025	4912.57	33.04
HSC HOSPITALS	334	1,233	1,509,138.17	1223.96	.017	4518.38	21.15
NON-HSC HOSPITALS TOTAL	148	579	848,266.27	1465.05	.008	5731.53	11.89
ACCOMMODATIONS	147	579	326,456.09	563.83	.008	2220.79	4.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	147	579	326,456.09	563.83	.008	2220.79	4.57
ANCILLARIES	148	0	521,810.18	.00	.000	3525.74	7.31
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,995	20,380	526,608.15	25.84	.286	105.43	7.38
MEDICAL	646	928	44,588.09	48.05	.013	69.02	.62
SURGERY	463	541	21,192.80	39.17	.008	45.77	.30
PATHOLOGY	1,782	7,666	72,891.78	9.51	.107	40.90	1.02
RADIOLOGY	1,234	1,698	103,337.50	60.86	.024	83.74	1.45
ROOM USE	3,748	4,717	180,607.57	38.29	.066	48.19	2.53
CROSSOVERS/ALL OTH OUTPTNT	1,756	4,830	103,990.41	21.53	.068	59.22	1.46
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	5	\$	550.28	\$	110.06	.000	\$	550.28	\$.01
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	5		550.28		110.06	.000		550.28		.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	4	\$	1,894.75	\$	473.69	.000	\$	473.69	\$.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	4		1,894.75		473.69	.000		473.69		.03
@REHABILITATION FACILITY	19	39	\$	1,841.23	\$	47.21	.001	\$	96.91	\$.03
HOSPITAL BASED	19	39		1,841.23		47.21	.001		96.91		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,147	7,272	\$	110,329.53	\$	15.17	.102	\$	51.39	\$	1.55
PATHOLOGY	2,147	7,272		110,329.53		15.17	.102		51.39		1.55
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,710	5,843	\$	632,952.37	\$	108.33	.082	\$	233.56	\$	8.87
CLINIC	781	2,480		70,295.82		28.35	.035		90.01		.99
SURGICENTER	74	457		13,155.60		28.79	.006		177.78		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,884	2,906		549,500.95		189.09	.041		291.67		7.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MC	NTH-OF-PAYMENT RI	EPORT	r for Jan	2003 THRU	DEC	2003	PI	GE 9,708
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	7 6J 7J 7K				

----- MONTHLY AVERAGE -----

71,360 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @ALL OTHER PROVIDERS 2,140 23,637 217,214.13 9.19 .331 \$ 101.50 \$ 3.04 \$ DURABLE MED. EQUIP. 144 378 43,603.25 115.35 .005 302.80 .61 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 320 MEDICAL TRANSPORTATION 3,492 46,578.43 13.34 .049 145.56 .65 36,013.85 AMBULANCES/AIR TRANS 310 2,672 13.48 .037 116.17 .50 10 1,564.58 815 1.92 .011 156.46 .02 OTHER TRANS OTHER SERVICES 5 5 9,000.00 1800.00 .000 1800.00 .13 33.21 ACUPUNCTURE 13 232.48 17.88 .000 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 106 106 10,839.50 102.26 .001 102.26 .15 2 7 IHMC, MODEL-NF, NF, AIDS, MSSP 1,248.90 178.41 .000 624.45 .02 Ω Ω .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN 640 1,378 12,887.43 9.35 .019 20.14 .18 PHYSICAL THERAPIST 2 27 276.14 10.23 .000 138.07 .00 0 0 .00 .00 .00 .00 PORTABLE X-RAY .000 50 76 5,816.57 76.53 .001 116.33 PROSTHETIST/ORTHOTISTS .08 71 PROSTHETICS 5,457.98 76.87 .001 118.65 .08 ORTHOTICS 5 358.59 71.72 .000 71.72 .01 PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 79 145 25,361.66 174.91 .002 321.03 .36 144 HOSPICE SERVICES 6 19,386.72 134.63 .002 3231.12 .27 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 808 3,845 34,126.08 8.88 .054 42.24 .48 0 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .000 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS 51 14,026 16,856.97 1.20 .197 330.53 .24 @CALIF. CHILDREN SERVICES* 280 14,422 \$ 531,763.92 \$ 36.87 .202 \$ 1899.16 \$ 7.45 @XOVER EXCLUDING STATE HOSP** 130 693 \$ 8,262.08 \$ 11.92 .010 \$ 63.55 \$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,709 01/29/04

BEST OF THE PROPERTY OF TH

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	148 145 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL	13,641.49 375.00 MONTH-OF-PAYMENT RE C - TOTAL	78.85 2.30 EPORT FOR JAN	.002 .002 2003 THRU DE	92.17 2.59 C 2003	.16 .00 PAGE 9,710 01/29/04
					MON	THLY AVERAG	E
83,677 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,034	2,901 \$	65,891.03	\$ 22.71	.035 \$	63.72	\$.79
DIAGNOSTIC AND ANC. PROCED	687	687	31,514.87	45.87	.008	45.87	.38
EYE APPLIANCES	740	2,129	32,079.30	15.07	.025	43.35	.38
OTHER OPTOMETRIC SERVICES	61	85	2,296.86	27.02	.001	37.65	.03
@CHIROPRACTOR	229	381 \$	6,296.35	\$ 16.53	.005 \$	27.49	\$.08
VISITS	227	377	6,244.92	16.56	.005	27.51	.07
OTHER SERVICES	2	4	51.43	12.86	.000	25.72	.00
@PODIATRIST	172	271 \$	8,422.12	\$ 31.08	.003 \$	48.97	\$.10

MEDICINE/INJECTIONS	69	79	2,803.74	35.49	.001	40.63	.03
SURGERY/ANES.	13	20	2,204.07	110.20	.000	169.54	.03
RADIO./PATHOLOGY	10	12	214.52	17.88	.000	21.45	.00
OTHER	103	160	3,199.79	20.00	.002	31.07	.04
@HOME HEALTH AGENCY	118	19,658 \$	592,126.95	\$ 30.12	.235 \$		
NURSE ANESTHESIST	1	7 \$	141.18	\$ 20.17	.000 \$	141.18	\$.00
NUIDGE MIDWIFF	10	39 \$	1,034.54	\$ 26.53	.000 \$		\$.01
DEDIATRIC MIRCE DRACTITATOMER	0	0 \$.00	\$.00	.000 \$		
FAMILY MIDCE DDACTITIONED	U E	•	436.91	\$ 33.61	.000 \$		
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	6 207	13 \$ 30,675 \$	4,545,469.92	\$ 148.18			
	6,207	30,675 Ş			.367 \$	5858.46	\$ 54.32 46.14
HOSP INPATIENT TOTAL	659	3,095	3,860,725.27	1247.41	.037		
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	6,207 659 430 191	2,061	2,474,255.45	1200.51	.025	5754.08	29.57
NON-HSC HOSPITAL TOTAL	191	861	1,355,155.21	1573.93	.010	7095.05	16.20
ACCOMMODATIONS	189	861	494,487.23	574.32	.010	2616.33	5.91
ADMINISTRATIVE DAYS	4	55	12,201.08	221.84	.001	3050.27	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	185	806	482,286.15	598.37	.010	2606.95	5.76
ANCILLARIES	191	0	860,667.98	.00	.000	4506.12	10.29
INPATIENT CROSSOVERS	48	173	31,314.61	598.37 .00 181.01 .00	.002	652.39	.37
ALL OTHER INPATIENT	0	0			.000	.00	.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	5,810	27,580	684,744.65	24.83	.330	117.86	8.18
MEDICAL	784	1,172	53,769.86	45.88 41.96 9.02	.014	68.58	.64
SURGERY	515	599	25,135.27	41.96	.007	48.81	.30
PATHOLOGY	2,050	9,968	89,918.67	9.02	.119	43.86	1.07
RADIOLOGY	1,403	2,009	127,261.81	63.35	.024	90.71	1.52
ROOM USE	4,048 2,298	5,218	199,780.60	38.29	.062	49.35	2.39
CROSSOVERS/ALL OTH OUTPTNT	2,298	8,614	188,878.44	21.93	.103	82.19	2.26
@COUNTY HOSPITAL TOTAL	13	155 \$	114,528.60	\$ 738.89	.002 \$	8809.89	\$ 1.37
CO HOSPITAL INPATIENT TOTAL	2	83	112,216.00	1352.00	.001	56108.00	1.34
HSC HOSPITALS	2	83	112,216.00	1352.00	.001	56108.00	1.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	72	2,312.60	32.12	.001	210.24	.03
MEDICAL	5	6	318.18	53.03	.000	63.64	.00
SURGERY	5	6	288.77	48.13	.000	.00 210.24 63.64 57.75 108.94	.00
PATHOLOGY	4	27	435.74	16.14	.000	108.94	.01
RADIOLOGY	1	1	17.79	17.79	.000	17.79	.00
ROOM USE	10	18	969.61	53.87	.000	96.96	.01
CROSSOVERS/ALL OTH OUTPTNT		14	282.51	20.18	.000	47.09	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 9,711
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY		ICES FOR MN - NO SO	C - TOTAL				
					MON	THLY AVERA	GE
83,677 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00,0	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,199	30,520 \$	4,430,941.32	\$ 145.18		714.78	
COMM HOSP INPATIENT TOTAL	657	3,012	3,748,509.27	1244.52	.036	5705.49	44.80
HSC HOSPITALS	428	1,978	2,362,039.45	1194.16	.024	5518.78	28.23
NON-HSC HOSDITALS TOTAL	191	861	1 355 155 21	1573 93	010	7095 05	16 20

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

191

189

185

191

4

0

861

861

806

55

0

0

1,355,155.21

494,487.23

12,201.08

.00 482,286.15

860,667.98

1573.93

574.32

221.84

598.37

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7095.05

2616.33

3050.27

2606.95

4506.12

.00

16.20

5.91

.00

10.29

.15

INPATIENT CROSSOVERS	48	173		31,314.61		181.01	.002		652.39		.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,803	27,508		682,432.05		24.81	.329		117.60		8.16
MEDICAL	779	1,166		53,451.68		45.84	.014		68.62		.64
SURGERY	511	593		24,846.50		41.90	.007		48.62		.30
PATHOLOGY	2,047	9,941		89,482.93		9.00	.119		43.71		1.07
RADIOLOGY	1,402	2,008		127,244.02		63.37	.024		90.76		1.52
ROOM USE	4,040	5,200		198,810.99		38.23	.062		49.21		2.38
CROSSOVERS/ALL OTH OUTPTNT		8,600		188,595.93		21.93	.103		82.28		2.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	312	8,686	\$	1,061,651.22	\$	122.23	.104	\$	3402.73	\$	12.69
LEV A-INTERMEDIATE	18	559	·	47,389.46	·	84.78	.007	•	2632.75	•	.57
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	42		22,638.42		539.01	.001		11319.21		.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	293	8,085		991,623.34		122.65	.097		3384.38		11.85
@INTERMEDIATE CARE FACILDD	6	119	\$	20,743.41	\$	174.31	.001	\$	3457.24	\$.25
ICF DDH	2	30	·	4,475.10	·	149.17	.000	•	2237.55	•	.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	4	89		16,268.31		182.79	.001		4067.08		.19
@HEMODIALYSIS TOTAL	85	932	\$	62,753.90	\$	67.33	.011	\$	738.28	\$.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	85	932		62,753.90		67.33	.011		738.28		.75
@REHABILITATION FACILITY	24	57	\$	2,262.10	\$	39.69	.001	\$	94.25	\$.03
HOSPITAL BASED	24	57		2,262.10		39.69	.001		94.25		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,470	8,768	\$	133,368.81	\$	15.21	.105	\$	54.00	\$	1.59
PATHOLOGY	2,461	8,746		133,267.27		15.24	.105		54.15		1.59
XO AND OTHERS	9	22		101.54		4.62	.000		11.28		.00
@ORGANIZED OUTPATIENT CLINIC	3,336	6,986	\$	778,502.67	\$	111.44	.083	\$	233.36	\$	9.30
CLINIC	819	2,563		72,487.03		28.28	.031		88.51		.87
SURGICENTER	90	507		16,462.85		32.47	.006		182.92		.20
HEROIN DETOX CLINIC	3	47		549.65		11.69	.001		183.22		.01
RURAL HEALTH CLINIC	2,455	3,869		689,003.14		178.08	.046		280.65		8.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	03 THRU	DEC	2003	PP	AGE 9,712
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	S FOR MN - N	O SOC	- TOTAL							
						_	M	INO	HLY AVERA	GE -	
02 677 DITGIDIDG	TTOTE O TEN	THE OF CHRIST	_		70 7 7 7 7	DAGE GOOD II	NTT TO (TO N N N N		GOGE DED		TO CIE DID

					1101		-
83,677 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,328	91,727 \$	744,579.32	\$ 8.12	1.096 \$	223.73	\$ 8.90
DURABLE MED. EQUIP.	262	1,095	127,575.04	116.51	.013	486.93	1.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	3,313.72	662.74	.000	662.74	.04
MEDICAL TRANSPORTATION	570	18,105	122,970.88	6.79	.216	215.74	1.47
AMBULANCES/AIR TRANS	418	4,670	59,135.22	12.66	.056	141.47	.71
OTHER TRANS	150	13,255	41,741.41	3.15	.158	278.28	.50
OTHER SERVICES	18	180	22,094.25	122.75	.002	1227.46	.26
ACUPUNCTURE	8	14	259.51	18.54	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	146	2,155	149,529.85	69.39	.026	1024.18	1.79
GENETIC DISEASE TESTING	106	106	10,839.50	102.26	.001	102.26	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	44	3,222	103,631.95	32.16	.039	2355.27	1.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	851	1,880	18,957.57	10.08	.022	22.28	.23
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	10	16	138.37	8.65	.000	13.84	.00
PROSTHETIST/ORTHOTISTS	67	145	10,404.01	71.75	.002	155.28	.12

PROSTHETICS	63	140	10,045.42	71.75	.002	159.	45	.12
ORTHOTICS	5	5	358.59	71.72	.000	71.	72	.00
PSYCHOLOGIST	1	1	46.44	46.44	.000	46.	44	.00
SPEECH AND AUDIOLOGY	134	269	33,001.31	122.68	.003	246.	28	.39
HOSPICE SERVICES	21	408	52,414.66	128.47	.005	2495.	94	.63
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	917	12,858	60,876.00	4.73	.154	66.	39	.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	358	51,421	50,344.37	.98	.615	140.	63	.60
@CALIF. CHILDREN SERVICES*	370	17,442	\$ 612,704.59	\$ 35.13	.208	\$ 1655.	96	\$ 7.32
@XOVER EXCLUDING STATE HOSP**	1,593	10,518	\$ 220,499.97	\$ 20.96	.126	\$ 138.	42	\$ 2.64

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,713 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

PLACER COUNTY	SUMMARY OF SER	VICES FOR MIN - SOC - F	AGED .	AID CODE I/			
					MON		GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	260	5,784 \$	375,539.51	\$ 64.93	29.510 \$		\$ 1916.02
@PHYSICIANS SERVICES	29	111 \$	2,837.84	\$ 25.57	.566 \$		\$ 14.48
OUTPATIENT VISITS	1	1	81.40	81.40	.005	81.40	.42
OFFICE VISITS	1	1	81.40	81.40	.005	81.40	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	101.90	33.97	.015	50.95	.52
HOSPITAL VISITS	1	2	55.00	27.50	.010	55.00	.28
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.005	46.90	.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	1,155.83	77.06	.077	385.28	5.90
PRINCIPAL SURGEON	2	2	773.26	386.63	.010	386.63	3.95
ASSISTANT SURGEON	1	1	110.50	110.50	.005	110.50	.56
ANESTHESIOLOGIST	1	12	272.07	22.67	.061	272.07	1.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	92	1,498.71	16.29	.469	62.45	7.65
@PHARMACY	170	1,059 \$	66,770.68	\$ 63.05	5.403 \$	392.77	\$ 340.67
PRESCRIPTION DRUGS	167	1,043	66,474.10	63.73	5.321	398.05	339.15
SNF/ICF	72	600	21,118.56	35.20	3.061	293.31	107.75
OUTPATIENTS	97	443	45,355.54	102.38	2.260	467.58	231.41
MEDICAL SUPPLIES	6	16	296.58	18.54	.082	49.43	1.51
@DENTIST	30	133 \$	6,074.00	\$ 45.67	.679 \$	202.47	\$ 30.99
VISITS - DIAGNOSTIC	21	56	508.00	9.07	.286	24.19	2.59
ORAL SURGERY	3	13	282.00	21.69	.066	94.00	1.44

DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00		.000	.00		.00
PERIODONTICS	2	2	255.00		.010	127.50		.30
ENDODONTICS	1	4	645.00		.020	645.00		.29
RESTORATIVE DENTISTRY	10	27	2,107.00		.138	210.70		.75
PROSTHETICS	0	0	.00		.000	.00		.00
DENTURES, STAYPLATES	6	20	2,277.00		.102	379.50		.62
SPACE MAINTAINERS	0	0	.00		.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00		.00
	0	0	.00		.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00		.00
ORTHODONTIC SERVICES								
ALL OTHER SERVICES	1	11	.00.		.056	.00		.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE	
MOP024	FEE-FOR-SERVICE/		1.075	3.TD GODE 10	1 **		01/	29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	: - AGED	AID CODE 17			a=	
106 51 16151 56	Hanna				MON			
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST	
CODMONARMOTOM	3	OR DAYS OF CARE	å 10 <i>C</i> 47	PER UNIT/DAY		USER	ELIGI:	
@OPTOMETRIST	3		\$ 196.47		.051 \$.00
DIAGNOSTIC AND ANC. PROCED	1	1	47.42		.005	47.42		.24
EYE APPLIANCES	3	9	149.05		.046	49.68		.76
OTHER OPTOMETRIC SERVICES	0	0	.00		.000	.00		.00
@CHIROPRACTOR	0		\$.00		.000 \$		•	.00
VISITS	0	0	.00		.000	.00		.00
OTHER SERVICES	0	0	.00		.000	.00		.00
@PODIATRIST	3		\$ 9.72		.015 \$.05
MEDICINE/INJECTIONS	0	0	.00		.000	.00		.00
SURGERY/ANES.	0	0	.00		.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.000	.00		.00
OTHER	3	3	9.72		.015	3.24		.05
@HOME HEALTH AGENCY	0	0	\$.00		.000 \$.00
NURSE ANESTHESIST	0	0	\$.00		.000 \$.00
NURSE MIDWIFE	0	0	\$.00		.000 \$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.000 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	•	.000 \$.00
@TOTAL HOSPITAL	27	167	\$ 14,065.98	•	.852 \$.77
HOSP INPATIENT TOTAL	5	12	11,610.78		.061	2322.16		.24
HSC HOSPITALS	0	0	.00		.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	3	8,811.78		.015	8811.78		.96
ACCOMMODATIONS	1	3	2,111.40		.015	2111.40		.77
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
ALL OTHER ACCOM	1	3	2,111.40		.015	2111.40		.77
ANCILLARIES	1	0	6,700.38	.00	.000	6700.38	34	.19
INPATIENT CROSSOVERS	4	9	2,799.00		.046	699.75	14	.28
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
HOSP OUTPATIENT TOTAL	23	155	2,455.20		.791	106.75		.53
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
DOOM HOE	<u> </u>	<u> </u>	0.0	0.0	0.00	0.0		0.0

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ROOM USE

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,715
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON	THLY AVERAC	GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			ושת	R UNIT/DAY	ספט פודר		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	167	' '\$	14,065.98	\$	84.23	.852			\$	71.77
COMM HOSP INPATIENT TOTAL	5	12	٧	11,610.78	٧	967.57	.061	٧	2322.16	٧	59.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	ĺ	3		8,811.78		2937.26	.015		8811.78		44.96
ACCOMMODATIONS	1	3		2,111.40		703.80	.015		2111.40		10.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		2,111.40		703.80	.015		2111.40		10.77
ANCILLARIES	1	0		6,700.38		.00	.000		6700.38		34.19
INPATIENT CROSSOVERS	4	9		2,799.00		311.00	.046		699.75		14.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23	155		2,455.20		15.84	.791		106.75		12.53
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	23	155		2,455.20		15.84	.791		106.75		12.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ψ.	.00	т	.00	.000	т	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	73	2,188	\$	249,944.99	\$	114.23	11.163	\$	3423.90	\$	1275.23
LEV A-INTERMEDIATE	0	_,0	т	.00	4	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	73	2,188		249,944.99		114.23	11.163		3423.90		1275.23
@INTERMEDIATE CARE FACILDD	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	138	\$	5,583.58	\$	40.46	.704	\$	507.60	\$	28.49
HOSPITAL BASED	0	0	·	.00	•	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	11	138		5,583.58		40.46	.704		507.60		28.49
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	1,127.59	\$	86.74	.066	\$	125.29	\$	5.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		285.71		142.86	.010		142.86		1.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	11		841.88		76.53	.056		120.27		4.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 9,716
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SC	C -	AGED	A.	ID CODE 17	1Y				
									HLY AVERA		
196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	55		\$	28,928.66	\$		10.010	\$		\$	
DURABLE MED. EQUIP.	2	53		1,979.07		37.34	.270		989.54		10.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	13	223		873.50		3.92	1.138		67.19		4.46
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	13	223		873.50		3.92	1.138		67.19		4.46

OTHER SERVICES	0	0	.00	.00	.000	.0	0	.00
ACUPUNCTURE	0	0	.00	.00	.000	.0	0	.00
ADULT DAY HEALTH CARE CTR	24	285	19,204.41	67.38	1.454	800.1	8	97.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.0	0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	3	8	100.90	12.61	.041	33.6	3	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
PORTABLE X-RAY	1	1	.71	.71	.005	.7	1	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	1	1	14.66	14.66	.005	14.6	б	.07
SPEECH AND AUDIOLOGY	2	6	308.74	51.46	.031	154.3	7	1.58
HOSPICE SERVICES	2	53	5,753.11	108.55	.270	2876.5	6	29.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	11	1,332	693.56	.52	6.796	63.0	5	3.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	66	408	\$ 35,126.61	\$ 86.09	2.082	\$ 532.2	2 \$	179.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OM!!!!!

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,717
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 .00 .00 .000 0 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 RADIOLOGY 0 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	1 2003 THRU DE	EC 2003	PAGE 9,718
MOP024	FEE-FOR-SERVICE/						01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - E	BLIND	AID COD			
						NTHLY AVERA	-
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00

RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
ROOM USE	PADIOLOGY	0	0	0.0	0.0	000	0.0	0	Ω
CONSIDERS/ALL OTH OUTPITY		0							
COUNTY HOSPITAL TOTAL		0							
CO CO CO CO CO CO CO CO		0							
HSC HOSPITALS		0	0 Ş			•			
NON-HSC HOSPITALS TOTAL		0	0						
ACCOMMODATIONS 0 0 0 0.00 .000 .000 .000 .000 ADMINISTRATIVE DAYS 0 0 0 0 0.00 .000 .000 .000 .000 .000		0	0						
ADMINISTRATIVE DAYS 0		0	0						
TRANSITIONAL IP CARE		0	0						
ALL OTHER ACCOM 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0	0						
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
INPATIENT CROSSOVERS		0	0						
ALL OTHER INPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0	0						
CO HOSP OUTPATIENT TOTAL		0	0						
MEDICAL 0 0 0 0 0 0 0 0 0		0	0						
SURGERY 0 0 0 00 00 00 00 00		0	0						
PATHOLOGY		0	0						
RADIOLOGY		0	0						
ROOM USE		0	0						
CROSSOVERS/ALL OTH OUTPTNT O		0	0						
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,719 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27		0	0						
MOP024	,,	MEDI CAI CEDITCE	U AND EVDENDITHIDES MONI						
PLACER COUNTY SUMMARY OF SERVICES FOR NN - SOC - BLIND AID CODE 27 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY PER ELIG USER COST PER ELIGIBLE @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HISCHOSPITALS 0 \$.00 \$.00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00				H-OF-PAIMENT REI	PORT FOR JAIN 2	UUS IRKU DE	C 2003		
O ELIGIBLES				IND	YID CODE	27		01/29	/ 04
O ELIGIBLES	PLACER COUNTY	SUMMARI OF SERVI	CES FOR MIN - SOC - BLI	.ND			תווד א אזודים אל	יתר	
GCOMMUNITY HOSPITAL TOTAL OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00	OO ELICIDIES	HCEDC	INITEC OF CEDITOR	EADENDIATIOEC		_			_ D
@COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 <	00 FTIGIBLES	USERS		EXPENDITURES					
COMM HOSP INPATIENT TOTAL 0 0 .00	ACOMMINITY HOCDITAL TOTAL	0		0.0	- '			_	
HSC HOSPITALS 0 0 .00		0	0 Ş		•				
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00		0	0						
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00		0	0						
		0	0						
		0	0						
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00		0	0						
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00		0	0						

	OR	DAYS OF CARE		PER I	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	PAYMENT REPOR'	r for jan 2	2003 THRU D	EC 2003	PAGE	9,720
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE	27			

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION ITEM O	NT.Y;		·	•	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,721
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

1 2110211 0001111	001111111111111111111111111111111111111	., _ 0_0 _ 0						0 00 0. 0	V -			
									M	ONTHLY AVE	RAGE	
263 ELIGIBLES	USERS	UNITS OF	SERVIC	Έ	EXP	ENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PE	3	COST PER
		OR DAYS	OF CAR	EΕ			PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	382	7	7,219	\$	7	47,236.16	\$	103.51	27.449	\$ 1956.13	2 \$	2841.20
@PHYSICIANS SERVICES	119		745	\$:	21,879.82	\$	29.37	2.833	\$ 183.80	5 \$	83.19
OUTPATIENT VISITS	31		44			1,599.01		36.34	.167	51.5	3	6.08
OFFICE VISITS	18		26			663.52		25.52	.099	36.8	5	2.52
HOME VISITS	0		0			.00		.00	.000	.00)	.00
EMERGENCY ROOM	13		16			886.29		55.39	.061	68.1	3	3.37
PREVENTIVE CARE	0		0			.00		.00	.000	.00)	.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000	.00)	.00
OTHER OUTPATIENT	2		2			49.20		24.60	.008	24.6)	.19
INPATIENT VISITS	22		198			8,437.51		42.61	.753	383.5	2	32.08
HOSPITAL VISITS	20		174			6,492.81		37.32	.662	324.6	ŀ	24.69
CRITICAL CARE	6		19			1,687.20		88.80	.072	281.2)	6.42
SNF/ICF/TRANS IP CARE	3		5			257.50		51.50	.019	85.83	3	.98
OPHTHALMOLOGICAL SERVICES	1		1			46.44		46.44	.004	46.4	ŀ	.18
EXAMINATIONS	1		1			46.44		46.44	.004	46.4	ŀ	.18
SERVICES AND MATERIALS	0		0			.00		.00	.000	.00)	.00
INPATIENT HOSPITAL SURGERY	10		40			3,085.78		77.14	.152	308.5	3	11.73
PRINCIPAL SURGEON	8		16			2,517.61		157.35	.061	314.7)	9.57

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

A COT CHANGE CLID CHON											
ASSISTANT SURGEON	1	1		96.80		96.80	.004		96.80		.37
ANESTHESIOLOGIST	3	23		471.37		20.49	.087		157.12		1.79
OUTPATIENT SURGERY	1	1		5.00		5.00	.004		5.00		.02
PRINCIPAL SURGEON	1	1		5.00		5.00	.004		5.00		.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST				.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	38		333.33		8.77	.144		41.67		1.27
RADIOLOGY	31	107		4,413.58		41.25	.407		142.37		16.78
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	59		534.83		9.06	.224		178.28		2.03
OTHER SERVICES/ALL X-OVERS	84	257		3,424.34		13.32	.977		40.77		13.02
@PHARMACY	239	2,108	\$	213,843.19	\$	101.44	8.015	Ġ	894.74	Ċ	813.09
PRESCRIPTION DRUGS	229	1,459	Y	212,110.48	٧	145.38	5.548	Y	926.25	Y	806.50
SNF/ICF	23	133		7,479.06		56.23	.506		325.18		28.44
	209					154.32			979.10		778.07
OUTPATIENTS		1,326		204,631.42			5.042				
MEDICAL SUPPLIES	23	649		1,732.71	4.	2.67	2.468	4.	75.34	4.	6.59
@DENTIST	30	140	\$	4,498.50	\$	32.13	.532	\$	149.95	\$	17.10
VISITS - DIAGNOSTIC	17	68		779.00		11.46	.259		45.82		2.96
ORAL SURGERY	4	35		814.00		23.26	.133		203.50		3.10
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.004		200.00		.76
ENDODONTICS	1	1		.00		.00	.004		.00		.00
RESTORATIVE DENTISTRY	11	24		1,864.50		77.69	.091		169.50		7.09
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	8		841.00		105.13	.030		280.33		3.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	U	_		.00		.00	.000		.00		.00
ODELLO DOLLET C. CEDILLECE											
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	3		.00		.00	.011		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVI	3 CES AND EXPENDITUR	ES N		EPOR'	.00	.011	DEC	.00	P	.00 AGE 9,722
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR: E/DENTAL		.00 MONTH-OF-PAYMENT RI		.00 T FOR JAN	.011 2003 THRU	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR		.00 MONTH-OF-PAYMENT RI		.00	.011 2003 THRU	DEC	.00	P	.00 AGE 9,722
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR: E/DENTAL		.00 MONTH-OF-PAYMENT RI		.00 T FOR JAN	.011 2003 THRU		.00		.00 AGE 9,722
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR: E/DENTAL	C -	.00 MONTH-OF-PAYMENT RI	CODE	.00 I FOR JAN S 65 67 6W	.011 2003 THRU	IONT	.00 2003 THLY AVERA	GE ·	.00 AGE 9,722
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	3 CES AND EXPENDITUR: E/DENTAL VICES FOR MN - SO UNITS OF SERVICE	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (CODE	.00 I FOR JAN S 65 67 6W ERAGE COST	.011 2003 THRU 6Y M	IONT	.00 2003 HLY AVERA COST PER	GE (.00 AGE 9,722 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.011 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT 'S	.00 2003 HLY AVERA COST PER USER	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52	CODE	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038	IONT 'S	.00 2003 HLY AVERA COST PER USER 65.51	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SERVICE STATE OF SERVICE STATE OF SERVICE STATE OF SERVICE SERVICE STATE OF SERVICE SER	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45	.011 2003 THRU 6Y M UNITS/DAY PER ELIC .038 .004	IONT 'S	.00 2003 HLY AVERA COST PER USER 65.51 47.45	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1 9	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034	IONT 'S	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1 9 0	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00	AV PE	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000	IONT S \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SERVICE STATE OF SERVICE STATE OF SERVICE STATE OF SERVICE SERVICE STATE OF SERVICE SER	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIC .038 .004 .034 .000 .000	IONT S \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00	AV PE	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000	IONT S \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00	.011 2003 THRU 6Y 	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .88.45	AV PE	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42	.011 2003 THRU 6Y 	IONT S \$ \$.00 2003 THLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 20 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 88.45 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034 .034 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 20 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42	.011 2003 THRU 6Y 	IONT S \$ \$ \$.00 2003 THLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 88.45 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00	.011 2003 THRU 6Y 	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	3 CES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 20 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .88.45 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIC .038 .004 .000 .000 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 0 0 0 20 0 0 20 0 20	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .076	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 20 0 20 4	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 4.42 .00 .00 4.42 63.68	.011 2003 THRU 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .076 .000 .076 .015	MONT	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () 1	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .00 .34 .97
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 0 0 0 20 0 0 20 0 20	- \$ \$ \$ \$ \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 88.45 .00 .00 .00 .88.45 .254.71 7.50	AVI PEI \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 4.42 .00 .00 4.42 63.68 1.50	.011 2003 THRU 7 6Y M UNITS/DAY PER ELIC .038 .004 .034 .000 .000 .000 .000 .076 .000 .000 .000	MONT	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE (.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .97 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3 1 3 0 0 0 0 0 0 0 6 0 0 0 6 2 1 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 20 0 20 4 5	C	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .88.45 .00 .00 .00 .88.45 .254.71 7.50 .00	AV: PE: \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00 4.42 63.68 1.50 .00	.011 2003 THRU 7 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .000 .000	MONT SS S S S S S S S S S S S S S S S S S	.00 PALY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 .14.74 .00 .00 .14.74 .127.36 7.50 .00	GE	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3 1 3 0 0 0 0 0 0 6 0 0 6 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 20 0 20 4 5 0 0 0	C	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 4.42 .00 .00 4.42 63.68 1.50 .00 .00	.011 2003 THRU / 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .000 .076 .000 .000	MONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 .14.74 .00 .00 .14.74 .00 .00 .00 .00	GE S S S SSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34 .00 .00 .00 .34 .97 .03 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3 1 3 0 0 0 0 0 0 0 0 6 0 0 0 0 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 0 20 4 5 0 0 0 0 0	୦ ଜ ଜ ଜ ଜନଦଙ୍କ	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00 .00 4.42 63.68 1.50 .00 .00 .00	.011 2003 THRU / 6Y M UNITS/DAY PER ELIC .038 .004 .034 .000 .000 .000 .000 .000 .076 .000 .000	MONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 .00 .14.74 .00 .00 .00 .00 .00	GE S S S S SSSSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3 1 3 0 0 0 0 0 0 6 0 0 0 6 2 1 0 0 83	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 20 0 0 20 4 5 0 0 776	C	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00 4.42 63.68 1.50 .00 .00 .00 533.81	.011 2003 THRU 6 Y M UNITS/DAY PER ELIC .038 .004 .034 .000 .000 .000 .000 .000 .000	IONT (S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER 47.45 49.69 .00 .00 .00 .00 .14.74 .00 .00 .00 .14.74 127.36 7.50 .00 .00	GE S S S SSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 3 1 3 0 0 0 0 0 0 0 6 0 0 0 0 6 2 1 0 0 8 3 22	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 20 4 5 0 0 776 252	୦ ଜ ଜ ଜ ଜନଦଙ୍କ	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00 .00 4.42 63.68 1.50 .00 .00 533.81 1605.00	.011 2003 THRU 6 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .076 .000 .000 .076 .015 .019 .000 .000 .000 .000 .000 .000 .000	IONT (S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 14.74 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03 .00 .00 .00 .00 .1575.03 1537.87
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 3 1 3 0 0 0 0 0 0 0 6 0 0 0 6 2 1 0 0 8 3 22 12	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 0 20 4 5 0 0 776 252 86	୦ ଜ ଜ ଜ ଜନଦଙ୍କ	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 4.42 .00 .00 4.42 63.68 1.50 .00 .00 533.81 1605.00 1089.73	.011 2003 THRU 6 6Y M UNITS/DAY PER ELIC .038 .004 .000 .000 .000 .000 .000 .000 .00	ONT (S	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 14.74 .00 .00 .00 .14.74 127.36 .00 .00 .00 .00 .00	GE S S S S SSSSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03 .00 .00 .00 .1575.03 1537.87 356.34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 3 1 3 0 0 0 0 0 0 0 6 0 0 0 0 6 2 1 0 0 8 3 22	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 10 1 9 0 0 0 0 20 0 20 4 5 0 0 776 252	୦ ଜ ଜ ଜ ଜନଦଙ୍କ	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 196.52 47.45 149.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 19.65 47.45 16.56 .00 .00 .00 .00 4.42 .00 .00 .00 4.42 63.68 1.50 .00 .00 533.81 1605.00	.011 2003 THRU 6 6Y M UNITS/DAY PER ELIG .038 .004 .034 .000 .000 .000 .000 .076 .000 .000 .076 .015 .019 .000 .000 .000 .000 .000 .000 .000	IONT (S) (S) (S) (S) (S) (S) (S) (S) (S) (S)	.00 2003 HLY AVERA COST PER USER 65.51 47.45 49.69 .00 .00 .00 .00 14.74 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSSSS	.00 AGE 9,722 01/29/04 COST PER ELIGIBLE .75 .18 .57 .00 .00 .00 .00 .00 .34 .00 .00 .34 .97 .03 .00 .00 .00 .00 .1575.03 1537.87

ADMINISTRATIVE DAYS	3	46	10,639.80	231.30	.175	3546.60	40.46
TRANSITIONAL IP CARE	0	46 0 106 0 14 0 524 15 2 122	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	106	81,729.86		.403	13621.64	310.76
ANCILLARIES	7	0	215,909.30	771.04 .00 176.00	.000	30844.19	820.95
	7	1.4	2 16 4 00	176 00	.053	001 22	9.37
INPATIENT CROSSOVERS	3	14	2,464.00	176.00		821.33	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	524	9,774.26	18.65	1.992	150.37	37.16
MEDICAL	9	15	238.84	15.92	.057	26.54	.91
SURGERY	2	2	14.42	7.21	.008	7.21	.05
PATHOLOGY	22	122	964.97	7.91	.464	43.86	3.67
RADIOLOGY	13	21	954.17	45.44	.080	73.40	3.63
ROOM USE	21	25	549.08	21.96	.095	26.15	2.09
CROSSOVERS/ALL OTH OUTPINT	48	339	7,052.78	20.80	1.289	146.93	26.82
	1						
@COUNTY HOSPITAL TOTAL	1	•		\$ 12.18	.004		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0					
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	Ü	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	1	1	12.18	12.18	.004	12.18	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.18	12.18	.004	12.18	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
		0					
CROSSOVERS/ALL OTH OUTPTNT		O AMD EXPENDIBLE	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES					PAGE 9,723
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES DENTAL	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU D		
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU D	DEC 2003	PAGE 9,723 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES DENTAL	MONTH-OF-PAYMENT R	EPORT FOR JAN :	2003 THRU D 6Y MC	DEC 2003 ONTHLY AVERA	PAGE 9,723 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES DENTAL	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU D 6Y MC	DEC 2003 ONTHLY AVERA	PAGE 9,723 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MN - SOC -	MONTH-OF-PAYMENT REDISABLED AID GEXPENDITURES	EPORT FOR JAN :	2003 THRU D 6Y MC UNITS/DAYS	DEC 2003 ONTHLY AVERA	PAGE 9,723 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT REDISABLED AID GEXPENDITURES	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY	2003 THRU D 6Y MC UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA COST PER USER	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CEXPENDITURES 414,221.40	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48	6Y MC UNITS/DAYS PER ELIG 2.947	OEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CEXPENDITURES 414,221.40	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00	6Y MC UNITS/DAYS PER ELIG 2.947 .958	OEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48 18384.51	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578	DEC 2003 DITHLY AVERA COST PER USER 5 5051.48 18384.51 7809.70 44039.85 13195.67	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175	DEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578	DEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175	DEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000	DEC 2003 ONTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL SERVICES 414,221.40	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 3 0 6 7 3 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 6 7	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 00 81,729.86 215,909.30 2,464.00 00 9,762.08	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 1.989	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 6 7 3 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 00 81,729.86 215,909.30 2,464.00 09,762.08 238.84	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 18.67 15.92	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 1.989 .057	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 6 7 3 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15 2	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 00 81,729.86 215,909.30 2,464.00 00 9,762.08 238.84 14.42	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 176.00 .00 18.67 15.92 7.21	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 1.989 .057	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 6 4 9 2 21	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15 2 121	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 1.989 .057 .008 .460	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 64 9 2 21 13	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 14 0 523 15 2 121 21	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 .053 .000 .053 .000 .057 .008 .460 .080	DEC 2003 DNTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40	PAGE 9,723 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 64 9 2 21 13 21	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 14 0 523 15 2 121 21 21	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17 549.08	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .175 .000 .403 .000 .053 .000 1.989 .057 .008 .460 .080 .095	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 64 9 2 21 13	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 14 0 523 15 2 121 21	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 .053 .000 .053 .000 .057 .008 .460 .080	DEC 2003 DNTHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40	PAGE 9,723 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 64 9 2 21 13 21	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 14 0 523 15 2 121 21 21	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17 549.08	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .175 .000 .403 .000 .053 .000 1.989 .057 .008 .460 .080 .095	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15 146.93	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 7 3 0 64 9 2 21 13 21	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 14 0 523 15 2 121 21 21 25 339	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17 549.08 7,052.78	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96 20.80 \$.00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .053 .000 1.989 .057 .008 .460 .080 .095 1.289 .000	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15 146.93 \$.00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09 26.82 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 6 7 3 0 64 9 2 21 13 21 48 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15 2 121 21 21 25 339 0 \$	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17 549.08 7,052.78 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96 20.80 \$.00 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .403 .000 .1.989 .057 .008 .460 .080 .095 1.289 .000	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15 146.93 \$.00 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09 26.82 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE/FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 64 9 2 21 13 21 48 0 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15 2 121 21 21 25 339 0 \$ 0 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 00 81,729.86 215,909.30 2,464.00 00 9,762.08 238.84 14.42 952.79 954.17 549.08 7,052.78 00 00 00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96 20.80 \$.00 .00 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .403 .000 .053 .000 1.989 .057 .008 .460 .080 .095 1.289 .000 .000 .000	DEC 2003 DITHLY AVERA COST PER USER \$ 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15 146.93 \$.00 .00 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09 26.82 \$.00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 263 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 82 22 12 7 7 7 3 0 6 6 7 3 0 64 9 2 21 13 21 48 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 775 \$ 252 86 152 152 46 0 106 0 106 0 14 0 523 15 2 121 21 21 25 339 0 \$	MONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 414,221.40 404,459.32 93,716.36 308,278.96 92,369.66 10,639.80 .00 81,729.86 215,909.30 2,464.00 .00 9,762.08 238.84 14.42 952.79 954.17 549.08 7,052.78 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 534.48 1605.00 1089.73 2028.15 607.70 231.30 .00 771.04 .00 176.00 .00 18.67 15.92 7.21 7.87 45.44 21.96 20.80 \$.00 .00	6Y MC UNITS/DAYS PER ELIG 2.947 .958 .327 .578 .578 .175 .000 .403 .000 .403 .000 .1.989 .057 .008 .460 .080 .095 1.289 .000 .000 .000	DEC 2003 DITHLY AVERA COST PER USER 5051.48 18384.51 7809.70 44039.85 13195.67 3546.60 .00 13621.64 30844.19 821.33 .00 152.53 26.54 7.21 45.37 73.40 26.15 146.93 \$.00 .00	PAGE 9,723 01/29/04 GE COST PER ELIGIBLE \$ 1574.99 1537.87 356.34 1172.16 351.22 40.46 .00 310.76 820.95 9.37 .00 37.12 .91 .05 3.62 3.63 2.09 26.82 \$.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	10							200			
LEV B-REGULAR		251		28,021.99		111.64	.954		2.20	4.	106.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	25	\$	9,263.97	\$	370.56	.095	\$ 48	7.58	Ś	35.22
HOSPITAL BASED	0	0	т.	.00	т.	.00	.000		.00	т	.00
HEMODIALYSIS CENTER	19	25		9,263.97		370.56	.095	10	7.58		35.22
@REHABILITATION FACILITY	1	7	4	•	4					4	
			\$	425.39	\$	60.77	.027		5.39	Þ	1.62
HOSPITAL BASED	1	7		425.39		60.77	.027	42	5.39		1.62
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	60	\$	980.85	\$	16.35	.228	\$ 7	0.06	\$	3.73
PATHOLOGY	14	60		980.85		16.35	.228	7	0.06		3.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	157	\$	27,153.79	\$	172.95		\$ 129		Ś	103.25
CLINIC	2	4	Υ.	99.27	Ψ.	24.82	.015		9.64	Υ.	.38
SURGICENTER	1	1		203.18		203.18	.004		3.18		.77
	0							20			
HEROIN DETOX CLINIC		0		.00		.00	.000	1.40	.00		.00
RURAL HEALTH CLINIC	18	152		26,851.34		176.65	.578		1.74		102.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 200	3	Ρ	AGE 9,724
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	OC -	- DISABLED AID C	CODES	65 67 6W	6Y				
							MC	NTHLY .	AVERA	GE.	
263 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER
	05210	OR DAYS OF CAR				R UNIT/DAY		US			ELIGIBLE
@ALL OTHER PROVIDERS	64	2,911	\$	26,387.90	\$	9.06	11.068		2.31		100.33
	10		Ą		Ą	62.77			9.32	Ą	26.97
DURABLE MED. EQUIP.		113		7,093.18			.430	70			
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	27	2,584		9,617.99		3.72	9.825		6.22		36.57
AMBULANCES/AIR TRANS	6	60		1,074.18		17.90	.228	17	9.03		4.08
OTHER TRANS	20	2,480		8,368.69		3.37	9.430	41	8.43		31.82
OTHER SERVICES	2	44		175.12		3.98	.167	8	7.56		.67
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	Õ		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	10	62		7,005.49				7.0			
IHMC, MODEL-NF, NF, AIDS, MSSP	10			•		112.99	.236	70	0.55		26.64
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	_	.00		.00
OPTICIAN	4	10		103.32		10.33	.038	2	5.83		.39
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	2	5		65.77		13.15	.019	3	2.89		.25
PROSTHETIST/ORTHOTISTS	2	7		665.24		95.03	.027	33	2.62		2.53
PROSTHETICS	2	7		665.24		95.03	.027		2.62		2.53
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	Ô	0		.00		.00	.000		.00		.00
	· ·	· ·									
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	21	130		1,836.91		14.13	.494	Ω	7.47		6.98
@CALIF. CHILDREN SERVICES*	0	0	ė	.00	ċ,	.00			.00	Ċ,	.00
			\$		ې بې			\$ 22		\$	
@XOVER EXCLUDING STATE HOSP**	102	699	\$	24,370.02	Þ	34.86	2.658	\$ 23	8.92	\$	92.66
@* TOTALS IN THESE LINES ARE (TIVEN AS A SEDAR	ATTELLINING RIMATEL ()N	1 1 H.N	/I () \ Y ;							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,725 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

1 2110211 0001111	001111111111111111111111111111111111111	, 1010 1011 1111	~ ~	111111111111111111111111111111111111111	011 011 07				
						MON	THLY AVERA	GE	
213 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	290	1,786	\$	634,361.64	\$ 355.19	8.385 \$	2187.45	\$	2978.22
@PHYSICIANS SERVICES	146	470	\$	24,377.96	\$ 51.87	2.207 \$	166.97	\$	114.45
OUTPATIENT VISITS	83	121		5,153.04	42.59	.568	62.08		24.19
OFFICE VISITS	47	76		2,833.86	37.29	.357	60.29		13.30
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	30	30		1,643.13	54.77	.141	54.77		7.71
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	3	4		373.58	93.40	.019	124.53		1.75

OTHER OUTPATIENT	10	11		302.47	27.50	.052	30.25		1.42
INPATIENT VISITS	15	39		1,946.34	49.91	.183	129.76		9.14
HOSPITAL VISITS	15	37		1,703.14	46.03	.174	113.54		8.00
CRITICAL CARE	2	2		243.20	121.60	.009	121.60		1.14
SNF/ICF/TRANS IP CARE		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	39 37 2 0 0 0 0 45 14		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	12	45		2,820.14	62.67	.211	235.01		13.24
PRINCIPAL SURGEON	8	14		2,041.03	145.79	.066	255.13		9.58
ASSISTANT SURGEON	1	1		107.22	107.22	.005	107.22		.50
ANESTHESIOLOGIST	6	14 1 30		671.89	22.40	.141	111.98		3.15
OUTPATIENT SURGERY	21	44		5,606.47	127.42	.207	266.97		26.32
PRINCIPAL SURGEON	18	25		5,173.13	206.93	.117	287.40		24.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	19		433.34	22.81	.089	144.45		2.03
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	6		192.11	32.02	.028	38.42		.90
RADIOLOGY	54	148		6,719.27	45.40	.695	124.43		31.55
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	5	19		148.48	7.81	.089	29.70		.70
OTHER SERVICES/ALL X-OVERS		48		1,792.11	37.34	.225	71.68		8.41
@PHARMACY	25 75		3	485,721.78	\$ 1942.89		6476.29	Ġ	
PRESCRIPTION DRUGS	75 70 2 68 9 49 29 8 0 1 1	237	7	21,927.78	92.52	1.113	313.25	Ą	102.95
SNF/ICF	70	5		21,927.76	45.85	.023	114.63		1.08
OUTPATIENTS	60	232		21,698.52	93.53	1.089	319.10		101.87
OUIPAILENIS	08	13		,	35676.46	.061	51532.67		2177.44
MEDICAL SUPPLIES	40		4	463,794.00			113.65	ė.	
@DENTIST	49	-	\$	5,569.00				Ş	
VISITS - DIAGNOSTIC	29	126 31		551.00 1,301.00	4.37 41.97	.592 .146	19.00 162.63		2.59 6.11
ORAL SURGERY	8	0		•					
DRUGS	0			.00	.00	.000	.00		.00
ANESTHESIA	1	1 1		100.00	100.00	.005	100.00		.47
PERIODONTICS	1			118.00	118.00	.005	118.00		.55
ENDODONTICS	4	13		690.00	53.08	.061	172.50		3.24
RESTORATIVE DENTISTRY	19	66		1,909.00	28.92	.310	100.47		8.96
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.009	900.00		4.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		.00	.00	.009	.00		.00
ALL OTHER SERVICES	2	7		.00	.00	.033	.00		.00
		ES AND EXPENDITURES	S MONT	H-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	P	AGE 9,726
MOP024	FEE-FOR-SERVICE	•							01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- FAM	ILLIES AID CODE	5R 6R 37				
						MON		_	
213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	_		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	5	15	Ş	336.59	\$ 22.44	.070 \$		\$	1.58
DIAGNOSTIC AND ANC. PROCED	5	5		203.82	40.76	.023	40.76		.96
EYE APPLIANCES	4	1.0		132.77	13.28	. 047	33.19		. 62

							OTA 1	IIIDI AARKA	410	
213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	15	\$ 336.59	\$	22.44	.070	\$	67.32	\$	1.58
DIAGNOSTIC AND ANC. PROCED	5	5	203.82		40.76	.023		40.76		.96
EYE APPLIANCES	4	10	132.77		13.28	.047		33.19		.62
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0	Ġ	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	Ö	Š	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		Ö	Ġ	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ģ	.00	\$.00	.000	\$.00		.00
			ې ب		ې ط						
@TOTAL HOSPITAL	85	524	Ş	105,353.31	Ş	201.06		\$	1239.45	Ş	494.62
HOSP INPATIENT TOTAL	15	71		94,271.69		1327.77	.333		6284.78		442.59
HSC HOSPITALS	9	57		61,339.03		1076.12	.268		6815.45		287.98
NON-HSC HOSPITAL TOTAL	6	14		32,932.66		2352.33	.066		5488.78		154.61
ACCOMMODATIONS	6	14		8,031.28		573.66	.066		1338.55		37.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	14		8,031.28		573.66	.066		1338.55		37.71
ANCILLARIES	6	0		24,901.38		.00	.000		4150.23		116.91
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	72	453		11,081.62		24.46	2.127		153.91		52.03
MEDICAL	17	27		636.16		23.56	.127		37.42		2.99
SURGERY	14	14		357.78		25.56	.066		25.56		1.68
PATHOLOGY	40	187		1,524.56		8.15	.878		38.11		7.16
RADIOLOGY	32	62		5,646.80		91.08	.291		176.46		26.51
ROOM USE	52	56		1,533.57		27.39	.263		29.49		7.20
CROSSOVERS/ALL OTH OUTPTNT	38	107		1,382.75		12.92	.502		36.39		6.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		Õ	٧	.00	٧	.00	.000	Y	.00	٧	.00
	0	0									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U			.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ô	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	U		.00		.00	.000		.00		.00
PATHOLOGY	0	U		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,727
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVIC	ES FOR MN - SO	C -	FAMILIES AID CODE	5R	6R 37					
							M	ONT	HLY AVERA	GE	
213 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	ΔV	ERAGE COST	UNITS/DAY				COST PER
213 111011110		OR DAYS OF CARE		DZI DIIDI I ORDO			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	524	۲.	105 252 21	\$						494.62
			\$	105,353.31					1239.45		
COMM HOSP INPATIENT TOTAL	15	71				1327.77	.333				
HSC HOSPITALS	9	57		61,339.03		1076.12	.268		6815.45		287.98
NON-HSC HOSPITALS TOTAL	6	14		32,932.66		2352.33	.066		5488.78		154.61
ACCOMMODATIONS	6	14		8,031.28		573.66	.066		1338.55		37.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	14		8,031.28		573.66	.066		1338.55		37.71
ANCILLARIES	6	0		24,901.38		.00	.000		4150.23		116.91
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	72	453		11,081.62		24.46	2.127		153.91		52.03
MEDICAL	17	27		636.16		23.56	.127		37.42		2.99

SURGERY	14	14		357.78		25.56	.066		25.56		1.68
PATHOLOGY	40	187		1,524.56		8.15	.878		38.11		7.16
RADIOLOGY	32	62		5,646.80		91.08	.291		176.46		26.51
ROOM USE	52	56		1,533.57		27.39	.263		29.49		7.20
CROSSOVERS/ALL OTH OUTPTNT	38	107		1,382.75		12.92	.502		36.39		6.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	94	\$	918.69	\$	9.77	.441	\$	61.25	\$	4.31
PATHOLOGY	15	94		918.69		9.77	.441		61.25		4.31
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	856.23	\$	142.71	.028	\$	171.25	\$	4.02
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		170.00CF	R	.00	.000		.00		.80CR
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,026.23		171.04	.028		205.25		4.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,728
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	FAMILIES AID CODE	5R 6	SR 37					
							l	IONT	HLY AVERA	GE -	
213 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s c	COST PER	C	OST PER

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	178 \$	11,228.08	\$ 63.08	.836 \$		
DURABLE MED. EQUIP.	2	4	360.00	90.00	.019	180.00	1.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	165	10,483.98	63.54	.775	1048.40	49.22
AMBULANCES/AIR TRANS	10	161	3,283.98	20.40	.756	328.40	15.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.019	1800.00	33.80
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00	.49
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	24.86	12.43	.009	24.86	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	19.14	9.57	.009	9.57	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	235.10	58.78	.019	235.10	1.10
@CALIF. CHILDREN SERVICES*	7	15	\$ 464,680.26	\$ 30978.68	.070	\$ 66382.89	\$ 2181.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,729
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -----672 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER FLIGIBLE @TOTAL, ALL PROVIDERS 932 14,789 1,757,137.31 \$ 118.81 22.007 \$ 1885.34 \$ 2614.79 294 1,326 49,095.62 @PHYSICIANS SERVICES 37.03 1.973 \$ 166.99 \$ 115 166 6,833.45 41.17 .247 59.42 OUTPATIENT VISITS 10.17 66 103 3,578.78 34.75 .153 54.22 OFFICE VISITS 34.75 .00 54.99 .00 93.40 27.05 43.69 38.74 91.92 50.73 46.44 46.44 .00 69.48 151.95 102.01 21.57 5.33 0 .00 .000 .00 0 HOME VISITS .00 46 0 4 13 240 EMERGENCY ROOM 43 2,529.42 .068 58.82 3.76 .000 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI 3 373.58 .006 124.53 .56 351.67 .019 OTHER OUTPATIENT 29.31 .52 39 10,485.75 .357 268.87 INPATIENT VISITS 15.60 HOSPITAL VISITS 213 8,250.95 .317 229.19 21 CRITICAL CARE 1,930.40 .031 241.30 2.87 SNF/ICF/TRANS IP CARE 304.40 .009 76.10 .45 1 OPHTHALMOLOGICAL SERVICES 46.44 .001 46.44 .07 46.44 .001 46.44 EXAMINATIONS .07 .000 SERVICES AND MATERIALS .00 .00 .00 85 30 INPATIENT HOSPITAL SURGERY 22 5,905.92 69.48 .126 268.45 8.79 30 2 53 5 60 28 1 PRINCIPAL SURGEON 4,558.64 151.95 .045 284.92 6.78 102.01 .003 102.01 .30 ASSISTANT SURGEON 204.02 ANESTHESIOLOGIST 1,143.26 21.57 .079 127.03 1.70 25 OUTPATIENT SURGERY 6,767.30 112.79 .089 270.69 10.07 21 212.55 .042 283.40 PRINCIPAL SURGEON 5,951.39 8.86 ASSISTANT SURGEON 1 110.50 110.50 .001 110.50 .16 22.76 176.35 ANESTHESIOLOGIST 705.41 .046 1.05 .000 DIALYSIS .00 .00 .00 .00 PATHOLOGY 525.44 11.94 .065 40.42 .78 13 44 255 11,132.85 RADIOLOGY 43.66 .379 130.97 16.57 0 **PSYCHIATRY** .00 .00 .000 .00 .00 78 397 683.31 8.76 .116 85.41 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 133 397 6,715.16 16.91 .591 50.49 9.99 484 3,417 766,335.65 224.27 5.085 \$ 1583.34 @PHARMACY \$ 1140.38 466 PRESCRIPTION DRUGS 2,739 300,512.36 109.72 4.076 644.88 447.19 39.06 SNF/ICF 97 738 28,826.88 1.098 297.18 374 OUTPATIENTS 271,685.48 135.77 2.978 726.43 2,001 404.29 MEDICAL SUPPLIES 38 465,823.29 687.06 1.009 12258.51 693.19 678 .777 \$ 148.09 \$ @DENTIST 109 522 16,141.50 30.92 24.02 VISITS - DIAGNOSTIC 67 250 1,838.00 7.35 .372 27.43 2.74 79 30.34 .118 2,397.00 159.80 ORAL SURGERY **DRUGS** 0 .00 .00 .000 .00 .00 1 4 ANESTHESIA 100.00 100.00 .001 100.00 .15 573.00 143.25 .006 143.25 PERIODONTICS .85 ENDODONTICS 18 1,335.00 74.17 .027 222.50 1.99

RESTORATIVE DENTISTRY	40	117	5,880.50	50.26	.174	147.01	8.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	30	4,018.00	133.93	.045	401.80	5.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	.00	.00	.003	.00	.00
ALL OTHER SERVICES	4	21	.00	.00	.031	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 9,730
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- TOTAL				
					MOI	NTHLY AVERAC	GE
672 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	' UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	11	35 \$	729.58	\$ 20.85	.052	•	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	7	7	298.69	42.67	.010	42.67	.44

EYE APPLIANCES	10	28		430.89		15.39	.042		43.09		.64
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	23	\$	98.17	\$	4.27	.034	\$	10.91	\$.15
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	23		98.17		4.27	.034		10.91		.15
@HOME HEALTH AGENCY	2	4	\$	254.71	\$	63.68		\$		\$.38
NURSE ANESTHESIST	1	5 0	\$	7.50	\$	1.50	.007	\$		\$.01
NURSE MIDWIFE	0		\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	195	1,467	\$	533,652.87	\$	363.77			2736.68	\$	794.13
HOSP INPATIENT TOTAL	42	335		510,341.79		1523.41	.499		12151.00		759.44
HSC HOSPITALS	21	143		155,055.39		1084.30	.213		7383.59		230.74
NON-HSC HOSPITAL TOTAL	14	169		350,023.40		2071.14	.251		25001.67		520.87
ACCOMMODATIONS	14	169		102,512.34		606.58	.251		7322.31		152.55
ADMINISTRATIVE DAYS	3	46		10,639.80		231.30	.068		3546.60		15.83
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	123		91,872.54		746.93	.183		7067.12		136.72
ANCILLARIES	14	0		247,511.06		.00	.000		17679.36		368.32
INPATIENT CROSSOVERS	7	23		5,263.00		228.83	.034		751.86		7.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	160	1,132		23,311.08		20.59	1.685		145.69		34.69
MEDICAL	26	42		875.00		20.83	.063		33.65		1.30
SURGERY	16	16		372.20		23.26	.024		23.26		.55
PATHOLOGY	62	309		2,489.53		8.06	.460		40.15		3.70
RADIOLOGY	45	83		6,600.97		79.53	.124		146.69		9.82
ROOM USE	73	81		2,082.65		25.71	.121		28.53		3.10
CROSSOVERS/ALL OTH OUTPINT		601		10,890.73		18.12	.894		99.91		16.21
@COUNTY HOSPITAL TOTAL	1	1	\$	12.18	\$	12.18	.001	\$	12.18	\$.02
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		12.18		12.18	.001		12.18		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		12.18		12.18	.001		12.18		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN :	2003 THRU	DEC	2003	PΙ	AGE 9,731
MOP024	FEE-FOR-SERVICE		_								01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C -	TOTAL						~-	
680 BL TGTBI BG							M				
672 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
ACOMMINITED HOCKETS TOWN	104	OR DAYS OF CARE		F33 (40 (0		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	194	1,466	\$	533,640.69	Ş	364.01			2750.73	Ş	794.11
COMM HOSP INPATIENT TOTAL	42	335		510,341.79		1523.41	.499		12151.00		759.44
HSC HOSPITALS	21	143		155,055.39		1084.30	.213		7383.59		230.74

NON-HSC HOSPITALS TOTAL	14	169		350,023	3.40		2071.14	.251		25001.67		520.87
ACCOMMODATIONS	14	169		102,51	2.34		606.58	.251		7322.31		152.55
ADMINISTRATIVE DAYS	3	46		10,639	9.80		231.30	.068		3546.60		15.83
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	123		91,87	2.54		746.93	.183		7067.12		136.72
ANCILLARIES	14	0		247,51			.00	.000		17679.36		368.32
INPATIENT CROSSOVERS	7	23		5,26	3.00		228.83	.034		751.86		7.83
ALL OTHER INPATIENT	0	0		,	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	159	1,131		23,298	3.90		20.60	1.683		146.53		34.67
MEDICAL	26	42			5.00		20.83	.063		33.65		1.30
SURGERY	16	16			2.20		23.26	.024		23.26		.55
PATHOLOGY	61	308		2,47			8.04	.458		40.61		3.69
RADIOLOGY	45	83		6,60			79.53	.124		146.69		9.82
ROOM USE	73	81		2,08			25.71	.121		28.53		3.10
CROSSOVERS/ALL OTH OUTPTNT	109	601		10,89			18.12	.894		99.91		16.21
@STATE HOSPITAL	0	0	\$,	.00	\$.00	.000	\$.00	Ġ	.00
MENTALLY ILL	0	0	т.		.00	-	.00	.000	т.	.00	4	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	83	2,439	\$	277,960		\$	113.97	3.629	Ś	3349.00	Ġ	413.64
LEV A-INTERMEDIATE	0	0	٧	277750	.00	Υ	.00	.000	۲	.00	٧	.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	83	2,439		277,960			113.97	3.629		3349.00		413.64
@INTERMEDIATE CARE FACILDD	0	0	\$	277750	.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	٧		.00	Υ	.00	.000	۲	.00	٧	.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	30	163	\$	14,84		\$	91.09	.243	\$	494.92	\$	22.09
HOSPITAL BASED	0	0	Υ	21,01	.00	Υ	.00	.000	τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	30	163		14,84			91.09	.243		494.92		22.09
@REHABILITATION FACILITY	1	7	\$		5.39	\$	60.77	.010	\$	425.39	Ġ	.63
HOSPITAL BASED	1	7	Υ		5.39	Υ	60.77	.010	τ.	425.39	Τ.	.63
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	154	\$	1,899		Ś	12.33	.229	\$	65.50	Ġ	2.83
PATHOLOGY	29	154	Υ	1,899		Υ	12.33	.229	τ.	65.50	Τ.	2.83
XO AND OTHERS	0	0		1,00	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35	176	\$	29,13		\$	165.55	.262	\$	832.50	Ś	43.36
CLINIC	2	4	Υ		9.27	Υ	24.82	.006	τ.	49.64	Τ.	.15
SURGICENTER	3	3			8.89		106.30	.004		106.30		.47
HEROIN DETOX CLINIC	0	0		31.	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	169		28,719			169.94	.251		957.32		42.74
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	TRES			EPORT			DEC		P	AGE 9,732
MOP024	FEE-FOR-SERVICE			72 21211		5111					-	01/29/04
PLACER COUNTY		JICES FOR MN - S	SOC -	TOTAL								,, 01
								1	TNON	HLY AVERA	GE	
672 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDIT	JRES	AVE	ERAGE COST	- Γ UNITS/DAY	-	COST PER	-	COST PER
		00 00 00 00				5.5						

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 135 5,051 66,544.64 13.17 7.516 \$ 492.92 \$ 99.02 170 9,432.25 55.48 .253 673.73 14.04 DURABLE MED. EQUIP. 14 0 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 7.06 50 2,972 20,975.47 MEDICAL TRANSPORTATION 4.423 419.51 31.21 16 221 4,358.16 19.72 .329 272.39 6.49 AMBULANCES/AIR TRANS 33 2,703 280.07 13.75 OTHER TRANS 9,242.19 3.42 4.022 OTHER SERVICES 6 48 7,375.12 153.65 .071 1229.19 10.97 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 24 285 19,204.41 67.38 ADULT DAY HEALTH CARE CTR .424 800.18 28.58 105.00 GENETIC DISEASE TESTING 1 1 105.00 .001 105.00 .16

IHMC, MODEL-NF, NF, AIDS, MSSP	10	62		7,005.49	112.99	.092	700.55	10.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	20		229.08	11.45	.030	28.64	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6		66.48	11.08	.009	22.16	.10
PROSTHETIST/ORTHOTISTS	2	7		665.24	95.03	.010	332.62	.99
PROSTHETICS	2	7		665.24	95.03	.010	332.62	.99
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		14.66	14.66	.001	14.66	.02
SPEECH AND AUDIOLOGY	2	6		308.74	51.46	.009	154.37	.46
HOSPICE SERVICES	2	53		5,753.11	108.55	.079	2876.56	8.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2		19.14	9.57	.003	9.57	.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	1,466		2,765.57	1.89	2.182	83.81	4.12
@CALIF. CHILDREN SERVICES*	7	15	\$	464,680.26	\$ 30978.68	.022	\$ 66382.89	\$ 691.49
@XOVER EXCLUDING STATE HOSP**	168	1,107	\$	59,496.63	\$ 53.75	1.647	\$ 354.15	\$ 88.54
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEDARATE	TNFORMATION	TTEM (ONI.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON'	THLY AVERAGE	
6,964 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,889	280,769 \$	19,296,956.35	\$ 68.73	40.317 \$	2801.13 \$	2770.96
@PHYSICIANS SERVICES	525	894 \$	13,681.72	\$ 15.30	.128 \$	26.06 \$	1.96
OUTPATIENT VISITS	1	1	30.00	30.00	.000	30.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.000	30.00	.00
INPATIENT VISITS	8	18	542.74	30.15	.003	67.84	.08
HOSPITAL VISITS	1	1	60.08	60.08	.000	60.08	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	17	482.66	28.39	.002	68.95	.07
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	40.95	40.95	.000	40.95	.01
PRINCIPAL SURGEON	1	1	40.95	40.95	.000	40.95	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	50.25	25.13	.000	50.25	.01
RADIOLOGY	2	4	182.10	45.53	.001	91.05	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	514	868	12,835.68	14.79	.125	24.97	1.84
@PHARMACY	5,818	60,745 \$	1,483,589.69	\$ 24.42	8.723 \$	255.00 \$	213.04
PRESCRIPTION DRUGS	5,778	32,830	1,445,267.07	44.02	4.714	250.13	207.53

SNF/ICF	5,400	30,934	1,378,915.83	44.5	8 4.442	255.35	198.01	
OUTPATIENTS	513	1,896	66,351.24	35.0			9.53	
MEDICAL SUPPLIES	514	27,915	38,322.62	1.3			5.50	
@DENTIST	449	907 \$	59,532.80					
VISITS - DIAGNOSTIC	371	634	14,810.50	23.3		•	2.13	
ORAL SURGERY	39	84	3,652.50	43.4			.52	
DRUGS	0	0	.00	.0			.00	
ANESTHESIA	0	0	.00	.0			.00	
PERIODONTICS	2	2	400.00	200.0			.06	
ENDODONTICS	0	0	.00	. 0			.00	
RESTORATIVE DENTISTRY	6	11	874.00	79.4	5 .002	145.67	.13	
PROSTHETICS	2	2	60.00	30.0	0 .000	30.00	.01	
DENTURES, STAYPLATES	84	150	39,135.80	260.9	1 .022	465.90	5.62	
SPACE MAINTAINERS	0	0	.00	.0	0 .000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.0	0 .000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.0	0 .000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.0	0 .000	.00	.00	
ALL OTHER SERVICES	15	24	600.00	25.0	0 .003	40.00	.09	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR J	AN 2003 THRU	DEC 2003	PAGE 9,73	4
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/0	14
PLACER COUNTY	SUMMARY OF SERVI	ICES FOR MN - LONG	TERM CARE - AGED	AID C	ODE 13			
						MONTHLY AVERA		
6,964 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAY		COST PER	
		OR DAYS OF CARE			DAY PER ELIC		ELIGIBLE	
@OPTOMETRIST	81	201 \$	4,910.34	\$ 24.4				
DIAGNOSTIC AND ANC. PROCED	7	7	256.48	36.6			.04	
EYE APPLIANCES	59	170	3,366.88	19.8			.48	
OTHER OPTOMETRIC SERVICES	18	24	1,286.98	53.6			.18	
@CHIROPRACTOR	0	0 \$.00	\$.0		•	•	
VISITS	0	0	.00	.0		.00	.00	
OTHER SERVICES	0	0	.00	.0		.00	.00	
@DODIAMDICM				, o r				

6,964 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	81	201	\$ 4,910.34	\$	24.43	.029	\$ 60.62	\$.71
DIAGNOSTIC AND ANC. PROCED	7	7	256.48		36.64	.001	36.64		.04
EYE APPLIANCES	59	170	3,366.88		19.81	.024	57.07		.48
OTHER OPTOMETRIC SERVICES	18	24	1,286.98		53.62	.003	71.50		.18
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	755	827	\$ 7,082.01	\$	8.56	.119	\$ 9.38	\$	1.02
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	755	827	7,082.01		8.56	.119	9.38		1.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	167	1,358	\$ 83,222.37	\$	61.28	.195	\$ 498.34	\$	11.95
HOSP INPATIENT TOTAL	49	298	69,722.19		233.97	.043	1422.90		10.01
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	11	20,572.82		1870.26	.002	20572.82		2.95
ACCOMMODATIONS	1	11	7,877.08		716.10	.002	7877.08		1.13
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	11	7,877.08		716.10	.002	7877.08		1.13
ANCILLARIES	1	0	12,695.74		.00	.000	12695.74		1.82
INPATIENT CROSSOVERS	48	287	49,149.37		171.25	.041	1023.95		7.06
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	122	1,060	13,500.18		12.74	.152	110.66		1.94
MEDICAL	1	1	30.01		30.01	.000	30.01		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	2	5	70.02		14.00	.001	35.01		.01
RADIOLOGY	1	2	226.83		113.42	.000	226.83		.03
ROOM USE	1	1	34.31		34.31	.000	34.31		.00
CROSSOVERS/ALL OTH OUTPTNT	121	1,051	13,139.01		12.50	.151	108.59		1.89
@COUNTY HOSPITAL TOTAL	2	5	\$ 22.40CF	2 \$	4.48CR	.001	\$ 11.20C	R\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	22.40CR	4.48CR	.001	11.20CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 2 5 22.40CR 4.48CR .001 11.20CR .00
ALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,735

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOPUZ4	FEE-FOR-SERVICE		T 0370	AADE AGED	1 TD G0DT	1.0			01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR MN -	LONG '	TERM CARE - AGED	AID CODE				
						MON			
6,964 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	165	1,353	\$	83,244.77	\$ 61.53	.194 \$	504.51	\$	11.95
COMM HOSP INPATIENT TOTAL	49	298		69,722.19	233.97	.043	1422.90		10.01
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	11		20,572.82	1870.26	.002	20572.82		2.95
ACCOMMODATIONS	1	11		7,877.08	716.10	.002	7877.08		1.13
	1	0							.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0			.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	11		7,877.08	716.10	.002	7877.08		1.13
ANCILLARIES	1	0		12,695.74	.00	.000	12695.74		1.82
INPATIENT CROSSOVERS	48	287		49,149.37	171.25	.041	1023.95		7.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	120	1,055		13,522.58	12.82	.151	112.69		1.94
MEDICAL	1	1		30.01	30.01	.000	30.01		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	5		70.02	14.00	.001	35.01		.01
RADIOLOGY	1	2		226.83	113.42	.000	226.83		.03
ROOM USE	1	1		34.31	34.31	.000	34.31		.00
	119	1,046 0							
CROSSOVERS/ALL OTH OUTPTNT	119	1,046		13,161.41	12.58	.150	110.60		1.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	-			.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	5,891	193,110	\$	17,420,422.79	\$ 90.21	27.730 \$		\$	2501.50
LEV A-INTERMEDIATE	210	6,810		314,515.62	46.18	.978	1497.69		45.16
LEV B-REHAB MD	24	728		70,323.91	96.60	.105	2930.16		10.10
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	9	283		117,758.98	416.11	.041	13084.33		16.91
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	5,655	185,289		16,917,824.28	91.31	26.607	2991.66		2429.33
@INTERMEDIATE CARE FACILDD	0,055	103,209	\$.00	\$.00	.000 \$		\$.00
	0		Ą			•		Ą	
ICF DDH	U	0		.00	.00	.000	.00		.00
ICF DD	U	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	_0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	22	75	\$	11,597.32	\$ 154.63	.011 \$		\$	1.67
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	22	75		11,597.32	154.63	.011	527.15		1.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	4	10	\$	23.39	\$ 2.34	.001 \$		Ś	.00
PATHOLOGY	0	0	Υ	.00	.00	.000	.00	٧	.00
XO AND OTHERS	4	10		23.39	2.34	.001	5.85		.00
	29	64	\$					4	
@ORGANIZED OUTPATIENT CLINIC	29		Ş	6,182.97	\$ 96.61	.009 \$		Ş	.89
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	4	5		1,015.90	203.18	.001	253.98		.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	25	59		5,167.07	87.58	.008	206.68		.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	TURES 1	MONTH-OF-PAYMENT F	EPORT FOR JAN	2003 THRU DE	C 2003	P	AGE 9,736
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/04
PLACER COUNTY			LONG '	TERM CARE - AGED	AID CODE	13			
					1110 0000	MON	THLY AVERA	GE	
6,964 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST				COST PER
O'SOT FITGIBLES	מאוזיניט	OR DAYS OF CA		EVE FINDT IONED	PER UNIT/DAY		USER		ELIGIBLE
ANT OTHER DROWINGS	756			206 710 05					
@ALL OTHER PROVIDERS	756	22,578	\$	206,710.95	\$ 9.16	3.242 \$	273.43	Ą	29.68

DURABLE MED. EQUIP.	115	936		55,617.20	59.42	.134	483.63	7.99
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	9		2,396.63	266.29	.001	342.38	.34
MEDICAL TRANSPORTATION	392	14,112		49,247.54	3.49	2.026	125.63	7.07
AMBULANCES/AIR TRANS	11	40		856.74	21.42	.006	77.89	.12
OTHER TRANS	369	13,987		48,049.30	3.44	2.008	130.21	6.90
OTHER SERVICES	14	85		341.50	4.02	.012	24.39	.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1		68.57	68.57	.000	68.57	.01
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	62	127		1,723.71	13.57	.018	27.80	.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	102	192		487.84	2.54	.028	4.78	.07
PROSTHETIST/ORTHOTISTS	5	7		127.49	18.21	.001	25.50	.02
PROSTHETICS	5	7		127.49	18.21	.001	25.50	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	20	20		173.33	8.67	.003	8.67	.02
SPEECH AND AUDIOLOGY	33	52		4,895.82	94.15	.007	148.36	.70
HOSPICE SERVICES	29	903		88,616.71	98.14	.130	3055.75	12.72
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	46	6,219		3,356.11	.54	.893	72.96	.48
@CALIF. CHILDREN SERVICES*	1	2	\$	24.50	\$ 12.25	.000	\$ 24.50	\$.00
@XOVER EXCLUDING STATE HOSP**	1,712	27,457	\$	212,990.01	\$ 7.76	3.943	\$ 124.41	\$ 30.58
®* TOTAL IN THECE LINES ADE CIVI	וייי ארו ארו יוס א דאיי	TATE ODMATET ON	TUDM C	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,737
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

PLIACEN COUNTI	SUMMAN OF SERV	ATCES LOW MIN - HOMO IT	IVM CHICE - BUTIND	AID CODE	43		
					MON'	THLY AVERAG	E
25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30	2,694 \$	131,585.92	\$ 48.84	107.760 \$	4386.20	\$ 5263.44
@PHYSICIANS SERVICES	2	2 \$	61.10	\$ 30.55	.080 \$	30.55	\$ 2.44
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		61.10		30.55	.080		30.55		2.44
@PHARMACY	30	1,748	\$	13,069.77	\$	7.48	69.920	\$	435.66	\$	522.79
PRESCRIPTION DRUGS	30	212		12,174.25		57.43	8.480		405.81		486.97
SNF/ICF	24	176		9,408.88		53.46	7.040		392.04		376.36
OUTPATIENTS	7	36		2,765.37		76.82	1.440		395.05		110.61
MEDICAL SUPPLIES	4	1,536		895.52		.58	61.440		223.88		35.82
@DENTIST	3	5	\$	980.00	\$	196.00	.200	\$	326.67	\$	39.20
VISITS - DIAGNOSTIC	2	3		80.00		26.67	.120		40.00		3.20
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.080		900.00		36.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDIT	JRES	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,738
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MN - 1	LONG	TERM CARE - BLIND		AID CODE	E 23				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 25 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 0 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 11.02 11.02 .040 \$ 11.02 .44 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	11.02	11.02	.040	11.02	.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	11.02	11.02	.040	11.02	.44
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2003	3 THRU DE	C 2003	PAGE 9,739
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 23			
05					MON'	THLY AVERAG	E

25 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	11.02	\$	11.02	.040	\$	11.02	\$.44
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1		11.02		11.02	.040		11.02	.44
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1		11.02		11.02	.040		11.02	.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	16	520	\$	50,317.10	\$	96.76	20.800	\$	3144.82	\$ 2012.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00

LEV B-REGULAR	16	520	50,317.10	96.76	20.800	3144.82	2012.68
@INTERMEDIATE CARE FACILDD	12	365	\$ 60,010.35	\$ 164.41	14.600	\$ 5000.86	\$ 2400.41
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365	60,010.35	164.41	14.600	5000.86	2400.41
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 .000 .00 0 .00 .00 SURGICENTER 0 .000 HEROIN DETOX CLINIC .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,740 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

I MICHIC COOMII	DOMINITAL OF DELICATOR	DD I OIC THA HOLAG	J ILLICIA CIA	עוובער דיי	TITD CODE	23		
						MON	THLY AVERA	GE
25 ELIGIBLES	USERS UI	NITS OF SERVICE	EX	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	53	\$	7,136.58	\$ 134.65	2.120	648.78	\$ 285.46
DURABLE MED. EQUIP.	5	25		5,991.99	239.68	1.000	1198.40	239.68
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	28		1,144.59	40.88	1.120	114.46	45.78
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 5	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	3	\$	770.84	\$ 256.95	.120	128.47	\$ 30.83
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDABATI	F TNEODMATTON TT	TM ONT.V:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,741 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MOI	NTHLY AVERA	GE
875 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	905	65,366	\$	3,923,390.72	\$ 60.02	74.704	\$ 4335.24	\$ 4483.88
@PHYSICIANS SERVICES	209	1,107	\$	29,340.52	\$ 26.50	1.265	\$ 140.39	\$ 33.53
OUTPATIENT VISITS	36	69		2,896.04	41.97	.079	80.45	3.31
OFFICE VISITS	17	24		769.10	32.05	.027	45.24	.88
HOME VISITS	11	15		514.50	34.30	.017	46.77	.59
EMERGENCY ROOM	13	21		1,428.84	68.04	.024	109.91	1.63
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	9		183.60	20.40	.010	36.72	.21
INPATIENT VISITS	60	288		11,264.39	39.11	.329	187.74	12.87
HOSPITAL VISITS	21	187		7,548.43	40.37	.214	359.45	8.63
CRITICAL CARE	4	8		849.30	106.16	.009	212.33	.97

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	48	93		2,866.66		30.82	.106		59.72		3.28
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	12	45		3,676.81		81.71	.051		306.40		4.20
PRINCIPAL SURGEON	11	20		3,054.11		152.71	.023		277.65		3.49
ASSISTANT SURGEON	1	1		107.97		107.97	.001		107.97		.12
ANESTHESIOLOGIST	3	$2\overline{4}$		514.73		21.45	.027		171.58		.59
OUTPATIENT SURGERY	15	5 6		1,776.80		31.73	.064		118.45		2.03
PRINCIPAL SURGEON	3	3		166.68		55.56	.003		55.56		.19
ASSISTANT SURGEON	1	1		232.32		232.32	.001		232.32		.27
ANESTHESIOLOGIST	11	52		1,377.80		26.50	.059		125.25		1.57
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	8		414.10		51.76	.009		103.53		.47
RADIOLOGY	29	106		4,095.22		38.63	.121		141.21		4.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	133	535		5,217.16		9.75	.611		39.23		5.96
@PHARMACY	780	32,133	\$	394,591.38	\$	12.28	36.723	\$	505.89	\$	450.96
PRESCRIPTION DRUGS	770	5,073	•	375,332.31	•	73.99	5.798		487.44	•	428.95
SNF/ICF	640	4,387		309,609.31		70.57	5.014		483.76		353.84
OUTPATIENTS	150	686		65,723.00		95.81	.784		438.15		75.11
MEDICAL SUPPLIES	131	27,060		19,259.07		.71	30.926		147.02		22.01
@DENTIST	63	367	\$	15,307.00	\$	41.71	.419	\$	242.97	\$	17.49
VISITS - DIAGNOSTIC	56	256	•	3,454.00	-	13.49	.293	-	61.68	-	3.95
ORAL SURGERY	11	24		1,224.00		51.00	.027		111.27		1.40
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	14	27		4,354.00		161.26	.031		311.00		4.98
ENDODONTICS	2	4		645.00		161.25	.005		322.50		.74
RESTORATIVE DENTISTRY	14	31		2,869.00		92.55	.035		204.93		3.28
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	24		2,761.00		115.04	.027		460.17		3.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	EPORT	r for Jan	2003 THRU	DEC	2003	Ρź	AGE 9,742
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - LOI	NG I	TERM CARE - DISABLE	ED	AID CODE					
							M				
875 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER

875 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	21	51	\$ 1,015.76	\$	19.92	.058	\$	48.37	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	7	7	290.71		41.53	.008		41.53	.33
EYE APPLIANCES	15	42	713.32		16.98	.048		47.55	.82
OTHER OPTOMETRIC SERVICES	1	2	11.73		5.87	.002		11.73	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	53	58	\$ 440.56	\$	7.60	.066	\$	8.31	\$.50
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	53	58	440.56		7.60	.066		8.31	.50
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$	52.50	.002	\$	52.50	\$.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	•			0.0		0.0	000	+ 00		0.0
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	83	902	\$	209,168.37	\$	231.89	1.031		Ş	239.05
HOSP INPATIENT TOTAL	21	219		196,354.78		896.60	.250	9350.23		224.41
HSC HOSPITALS	6	60		70,764.00		1179.40	.069	11794.00		80.87
NON-HSC HOSPITAL TOTAL	7	92		120,341.46		1308.06	.105	17191.64		137.53
ACCOMMODATIONS	7	92		43,688.08		474.87	.105	6241.15		49.93
ADMINISTRATIVE DAYS	2	41		9,483.30		231.30	.047	4741.65		10.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	51		34,204.78		670.68	.058	4886.40		39.09
ANCILLARIES	7	0		76,653.38		.00	.000	10950.48		87.60
INPATIENT CROSSOVERS	8	67		5,249.32		78.35	.077	656.17		6.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	69	683		12,813.59		18.76	.781	185.70		14.64
MEDICAL	5	5		195.22		39.04	.006	39.04		.22
	4	6		152.12						.17
SURGERY						25.35	.007	38.03		
PATHOLOGY	26	208		1,336.78		6.43	.238	51.41		1.53
RADIOLOGY	10	25		3,152.88		126.12	.029	315.29		3.60
ROOM USE	17	45		2,030.12		45.11	.051	119.42		2.32
CROSSOVERS/ALL OTH OUTPTNT	45	394		5,946.47		15.09	.450	132.14		6.80
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000			.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0								
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT F	KEPOF	RT FOR JAN	2003 THRU I	DEC 2003	PI	AGE 9,743
MOP024	FEE-FOR-SERVICE/						6.0			01/29/04
PLACER COUNTY	SUMMARY OF SERVI	ICES FOR MN - LC	ONG :	TERM CARE - DISABI	ĿΕD	AID CODE				
								ONTHLY AVERA		
875 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		COST PER
		OR DAYS OF CARE	C			ER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	902	\$	209,168.37	\$	231.89		\$ 2520.10		
COMM HOOD TAIDAMIDAM MOMAI	0.1	210		106 254 70		006 60	250	0250 22		004 41

					1.101	TITLL AVEKA	O Li
875 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	902 \$	209,168.37	\$ 231.89	1.031 \$	2520.10	\$ 239.05
COMM HOSP INPATIENT TOTAL	21	219	196,354.78	896.60	.250	9350.23	224.41
HSC HOSPITALS	6	60	70,764.00	1179.40	.069	11794.00	80.87
NON-HSC HOSPITALS TOTAL	7	92	120,341.46	1308.06	.105	17191.64	137.53
ACCOMMODATIONS	7	92	43,688.08	474.87	.105	6241.15	49.93
ADMINISTRATIVE DAYS	2	41	9,483.30	231.30	.047	4741.65	10.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	51	34,204.78	670.68	.058	4886.40	39.09
ANCILLARIES	7	0	76,653.38	.00	.000	10950.48	87.60
INPATIENT CROSSOVERS	8	67	5,249.32	78.35	.077	656.17	6.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	683	12,813.59	18.76	.781	185.70	14.64
MEDICAL	5	5	195.22	39.04	.006	39.04	.22
SURGERY	4	6	152.12	25.35	.007	38.03	.17
PATHOLOGY	26	208	1,336.78	6.43	.238	51.41	1.53
RADIOLOGY	10	25	3,152.88	126.12	.029	315.29	3.60
ROOM USE	17	45	2,030.12	45.11	.051	119.42	2.32

45	394		5,946.47		15.09	.450		132.14		6.80
12	365	\$	160,243.76	\$	439.02	.417	\$	13353.65	\$	183.14
0	0		.00		.00	.000		.00		.00
12	365		160,243.76		439.02	.417		13353.65		183.14
431	13,759	\$	1,644,047.38	\$	119.49	15.725	\$	3814.50	\$	1878.91
15	417		20,603.53		49.41	.477		1373.57		23.55
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	541		294,482.81		544.33	.618		24540.23		336.55
0	0		.00		.00	.000		.00		.00
	12,801		1,328,961.04		103.82	14.630		3273.30		1518.81
287	8,659	\$	1,332,123.49	\$	153.84	9.896	\$	4641.55	\$	1522.43
96	2,932		385,475.44		131.47	3.351		4015.37		440.54
0	0		.00		.00	.000		.00		.00
191	5,727		946,648.05		165.30	6.545		4956.27		1081.88
17	37	\$	8,330.43	\$	225.15	.042	\$	490.03	\$	9.52
0	0		.00		.00	.000		.00		.00
17	37		8,330.43		225.15	.042		490.03		9.52
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
	264	\$	4,210.15	\$	15.95	.302	\$		\$	4.81
29	260		4,183.29		16.09	.297		144.25		4.78
2	4		26.86		6.72	.005		13.43		.03
44	145	\$	13,192.56	\$	90.98	.166	\$	299.83	\$	15.08
0	0		.00		.00	.000		.00		.00
17			1,974.57		34.64	.065		116.15		2.26
0	•		.00		.00	.000		.00		.00
- -						.101				12.82
MEDI-CAL SERVICES AND E	EXPENDIT	TURES	MONTH-OF-PAYMENT R	EPOR:	T FOR JAN	2003 THRU	DEC	2003	P	AGE 9,744
FEE-FOR-SERVICE/DENTAL										01/29/04
SUMMARY OF SERVICES FOR	R MN -	LONG	TERM CARE - DISABL	ED	AID COD					
MONTHLY AVERAGE										
	12 0 12 431 15 0 12 0 406 287 96 0 191 17 0 0 17 0 0 0 31 29 2 44 0 17 0 27 MEDI-CAL SERVICES AND F	12 365 0 0 0 12 365 431 13,759 15 417 0 0 0 12 541 0 0 0 406 12,801 287 8,659 96 2,932 0 0 0 191 5,727 17 37 0 0 0 17 37 0 0 0 17 37 0 0 0 17 37 0 0 0 17 37 0 0 0 17 57 0 0 0 17 57 0 0 0 17 57 0 0 0 17 57 0 0 0 17 57 0 0 0 17 57 0 88 MEDI-CAL SERVICES AND EXPENDIT	12 365 \$ 0 0 0 12 365 \$ 12 365 \$ 431 13,759 \$ 15 417 0 0 0 0 0 0 12 541 0 0 406 12,801 287 8,659 \$ 96 2,932 0 0 191 5,727 17 37 \$ 0 0 0 17 37 37 \$ 0 0 0 17 37 37 \$ 0 0 0 17 37 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 37 \$ 0 0 0 17 57 0 0 0 27 88 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	12 365 \$ 160,243.76 0 0 0 .00 12 365 160,243.76 431 13,759 \$ 1,644,047.38 15 417 20,603.53 0 0 0 .00 0 0 .00 12 541 294,482.81 0 0 0 .00 406 12,801 1,328,961.04 287 8,659 \$ 1,332,123.49 96 2,932 385,475.44 0 0 0 .00 191 5,727 946,648.05 17 37 \$ 8,330.43 0 0 0 .00 17 37 8,330.43 0 0 0 .00 17 37 8,330.43 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 31 264 \$ 4,210.15 29 260 4,183.29 2 4 26.86 44 145 \$ 13,192.56 0 0 0 .00 17 57 1,974.57 0 0 0 .00 27 88 11,217.99 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT R	12 365 \$ 160,243.76 \$ 0 0 0 .00 12 365 160,243.76 431 13,759 \$ 1,644,047.38 \$ 15 417 20,603.53 0 0 0 .00 12 541 294,482.81 0 0 0 .00 406 12,801 1,328,961.04 287 8,659 \$ 1,332,123.49 \$ 96 2,932 385,475.44 0 0 0 .00 191 5,727 946,648.05 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 37 \$ 8,330.43 \$ 0 0 0 .00 17 57 946,648.05 17 37 \$ 1,974.57 0 0 0 .00 17 57 1,974.57 0 0 0 .00 17 57 1,974.57 0 0 0 .00 27 88 11,217.99 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORMED TREFORMED TO THE PAYMENT REPORMED TREFORMED	12 365 \$ 160,243.76 \$ 439.02 0 0 0 0 00 12 365 160,243.76 439.02 431 13,759 \$ 1,644,047.38 \$ 119.49 15 417 20,603.53 49.41 0 0 0 0 .00 12 541 294,482.81 544.33 0 0 0 .00 406 12,801 1,328,961.04 103.82 287 8,659 \$ 1,332,123.49 \$ 153.84 96 2,932 385,475.44 131.47 0 0 0 0 .00 191 5,727 946,648.05 165.30 17 37 \$ 8,330.43 \$ 225.15 0 0 0 0 0 0 0 0 17 37 8 8,330.43 \$ 225.15 0 0 0 0 0 0 0 0 0 17 37 8 8,330.43 \$ 225.15 0 0 0 0 0 0 0 0 0 0 17 37 8 8,330.43 \$ 225.15 0 0 0 0 0 0 0 0 0 0 0 17 37 37 8 8,330.43 \$ 225.15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 365 \$ 160,243.76 \$ 439.02 .417 0 0 0 .00 .00 .000 12 365 160,243.76 439.02 .417 431 13,759 \$ 1,644,047.38 \$ 119,49 15.725 15 417 20,603.53 49.41 .477 0 0 0 .00 .00 .00 .000 0 0 .00 .00 .00	12 365 \$ 160,243.76 \$ 439.02 .417 \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	12 365 \$ 160,243.76 \$ 439.02 .417 \$ 13353.65 0 0 0 .00 .00 .00 .00 .00 .00 12 365 160,243.76 439.02 .417 13353.65 431 13,759 \$ 1,644,047.38 \$ 119.49 15.725 \$ 3814.50 15 417 20,603.53 49.41 .477 1373.57 0 0 0 .00 .00 .00 .00 .00 .00 0 0 0 .00 .0	12 365 \$ 160,243.76 \$ 439.02 .417 \$ 13353.65 \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00

					MON	IHLY AVERAC	5E
875 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	346	7,517 \$	111,274.37	\$ 14.80	8.591 \$	321.60	\$ 127.17
DURABLE MED. EQUIP.	78	440	46,378.28	105.41	.503	594.59	53.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	86	6,208	20,264.40	3.26	7.095	235.63	23.16
AMBULANCES/AIR TRANS	23	202	3,383.00	16.75	.231	147.09	3.87
OTHER TRANS	64	5,980	16,693.08	2.79	6.834	260.83	19.08
OTHER SERVICES	4	26	188.32	7.24	.030	47.08	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	58	260.42	4.49	.066	86.81	.30
OPTICIAN	15	33	457.26	13.86	.038	30.48	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	9	20	451.06	22.55	.023	50.12	.52
PROSTHETIST/ORTHOTISTS	4	12	7,075.83	589.65	.014	1768.96	8.09
PROSTHETICS	4	12	7,075.83	589.65	.014	1768.96	8.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	61.60	15.40	.005	20.53	.07
SPEECH AND AUDIOLOGY	196	627	25,770.32	41.10	.717	131.48	29.45
HOSPICE SERVICES	3	69	8,437.15	122.28	.079	2812.38	9.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	23	46		2,118.05		46.04	.053		92.09		2.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP*	* 242	8,929	\$	47,607.45	\$	5.33	10.205	\$	196.73	\$	54.41
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATI	E INFORMATION	ITEM (ONLY;							
THE AMOUNTS ARE ALREADY II	NCLUDED IN THE APPRO	OPRIATE DETAIL	LINE	S ABOVE.							
** THESE DATA ARE INCLUDED	IN THE APPROPRIATE I	DETAIL LINES A	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 9,745
MOP024	FEE-FOR-SERVICE/DI	ENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR MN - L	ONG T	ERM CARE - FAMILII	ES I	DISCONTING	JED				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS UI	NITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
	(OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	Ô	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.000		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	U	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	U	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	U	U	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,746
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG T	ERM CARE - FAMILII	ES DISCONTINU	JED		
					MONTH	LY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	U	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 4	.00	\$.00	.000 \$		\$.00
	0	0 3		:	·		•
PEDIATRIC NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0					
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	SPORT FOR JAN	2003 THRU DEC	2003	PAGE 9,747
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG '	ΓERM CARE - FAMILIE	S DISCONTIN	UED		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
00 EDIGIDDES	OBERD		EXFENDITORES				ELIGIBLE
OCOMMINITEN HOCKETTA TOTAL	2	OR DAYS OF CARE	2.2	PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	ŭ	0					
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00

ALL OTHER ACCOM	Λ	0		.00		.00	.000	.00		.00
	0	0								
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	Ô	0		.00		.00	.000	.00		.00
	0	0								
MEDICAL	Ü	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								
ROOM USE	Ü	Ü		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	.00	Ψ.	.00
	0									
DEVELOP. DISABLED	Ü	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
	0	0								
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	U			_					
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
	0	0								
@HEMODIALYSIS TOTAL	Ü	Ü	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	Ô	0	\$.00	\$.00		\$.00	\$.00
	0	0	Ÿ		Y				Y	
HOSPITAL BASED	U	U		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
PATHOLOGY	Ō	0	т	.00	т.	.00	.000	.00	т.	.00
	0	0								
XO AND OTHERS	U	U		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	n	0		.00		.00	.000	.00		.00
	0	0								
HEROIN DETOX CLINIC	U	U		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	Ü	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 2003	E	PAGE 9,748
MOP024	FEE-FOR-SERVIC									01/29/04
PLACER COUNTY		VICES FOR MN - LO	אור דיו	FDM CADE FAMILIT	E C	DTCCONTTINI	משו			01/25/01
PLACER COUNTI	SUMMARI OF SER	VICES FOR MIN - LO.	ING II	ERM CARE - FAMILII	ro Co	DISCONTINU			~-	
							MOI		AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		Ś	.00
			Y		Y				Ÿ	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
		0								
AMBULANCES/AIR TRANS	0	U		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	Ω		.00		.00	.000	.00		.00
	0	0		.00						
ADULT DAY HEALTH CARE CTR	•	U				.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0								
				.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,749
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

FLACER COUNTI	SOMMAN OF SERV	TORES FOR MIN LONG	TERM CARE TOTAL		MON'	יינודע אזודם או	~p
7,864 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
7,004 ELIGIBLES	USERS	OR DAYS OF CARE	EAPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,824	348,829 \$	23,351,932.99	- ,	44.358 \$		\$ 2969.47
@PHYSICIANS SERVICES	7,624	2,003 \$	43,083.34	\$ 66.94 \$ 21.51	.255 \$		
OUTPATIENT VISITS	37	2,003 \$ 70	2,926.04	\$ 21.51 41.80	.255 Ş .009	79.08	.37
OFFICE VISITS	37 17	24	769.10	32.05	.003	45.24	.10
HOME VISITS	11	15	514.50	34.30	.003	46.77	.10
EMERGENCY ROOM	13	21	1,428.84	68.04	.002	109.91	.18
PREVENTIVE CARE	13	0					
	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	_	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	10	213.60	21.36	.001	35.60	.03
INPATIENT VISITS	68	306	11,807.13	38.59	.039	173.63	1.50
HOSPITAL VISITS	22	188	7,608.51	40.47	.024	345.84	.97
CRITICAL CARE	4	8	849.30	106.16	.001	212.33	.11
SNF/ICF/TRANS IP CARE	55	110	3,349.32	30.45	.014	60.90	.43
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	45	3,676.81	81.71	.006	306.40	.47
PRINCIPAL SURGEON	11	20	3,054.11	152.71	.003	277.65	.39
ASSISTANT SURGEON	1	1	107.97	107.97	.000	107.97	.01
ANESTHESIOLOGIST	3	24	514.73	21.45	.003	171.58	.07
OUTPATIENT SURGERY	16	57	1,817.75	31.89	.007	113.61	.23
PRINCIPAL SURGEON	4	4	207.63	51.91	.001	51.91	.03
ASSISTANT SURGEON	1	1	232.32	232.32	.000	232.32	.03
ANESTHESIOLOGIST	11	52	1,377.80	26.50	.007	125.25	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	10	464.35	46.44	.001	92.87	.06
RADIOLOGY	31	110	4,277.32	38.88	.014	137.98	.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	649	1,405	18,113.94	12.89	.179	27.91	2.30
@PHARMACY	6,628	94,626 \$	1,891,250.84	\$ 19.99	12.033 \$	285.34	\$ 240.49
PRESCRIPTION DRUGS	6,578	38,115	1,832,773.63	48.09	4.847	278.62	233.06
SNF/ICF	6,064	35,497	1,697,934.02	47.83	4.514	280.00	215.91
OUTPATIENTS	670	2,618	134,839.61	51.50	.333	201.25	17.15
MEDICAL SUPPLIES	649	56,511	58,477.21	1.03	7.186	90.10	7.44
@DENTIST	515	1,279 \$	75,819.80	\$ 59.28	.163 \$	147.22	\$ 9.64

VISITS - DIAGNOSTIC	429	893	18,344.50	20.54	.114	42.76	2.33
ORAL SURGERY	50	108	4,876.50	45.15	.014	97.53	.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	29	4,754.00	163.93	.004	297.13	.60
ENDODONTICS	2	4	645.00	161.25	.001	322.50	.08
RESTORATIVE DENTISTRY	20	42	3,743.00	89.12	.005	187.15	.48
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	91	176	42,796.80	243.16	.022	470.29	5.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	25	600.00	24.00	.003	37.50	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,750
MOP024	FEE-FOR-SERVICE/DENTAL	<u>.</u>					01/29/04

PLACER COUNTY	SUMMARY OF SERVI	ICES FOR MN - LONG TE	RM CARE - TOTAL				
						ITHLY AVERAGE	
7,864 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	102	252 \$	5,926.10	\$ 23.52	.032 \$		
DIAGNOSTIC AND ANC. PROCED	14	14	547.19	39.09	.002	39.09	.07
EYE APPLIANCES	/ 4	212	4,080.20	19.25	.027	55.14	.52
OTHER OPTOMETRIC SERVICES	19	26	1,298.71	49.95	.003	68.35	.17
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	808	885 \$	7,522.57	\$ 8.50	.113 \$	9.31 \$.96
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	808	885	7,522.57	8.50	.113	9.31	.96
@HOME HEALTH AGENCY	2	2 \$	104.99	\$ 52.50	.000 \$	52.50 \$.01
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$	3 .00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$	3 .00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	251	2,261 \$	292,401.76	\$ 129.32	.288 \$		37.18
HOSP INPATIENT TOTAL	70	517	266,076.97	514.66	.066	3801.10	33.83
HSC HOSPITALS	6	60	70,764.00	1179.40	.008	11794.00	9.00
NON-HSC HOSPITAL TOTAL	8	103	140,914.28	1368.10	.013	17614.29	17.92
ACCOMMODATIONS	8	103	51,565.16	500.63	.013	6445.65	6.56
ADMINISTRATIVE DAYS	2	41	9,483.30	231.30	.005	4741.65	1.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	62	42,081.86	678.74	.008	5260.23	5.35
ANCILLARIES	8	0	89,349.12	.00	.000	11168.64	11.36
INPATIENT CROSSOVERS	56	354	54,398.69	153.67	.045	971.41	6.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	192	1,744	26,324.79	15.09	.222	137.11	3.35
MEDICAL	6	6	225.23	37.54	.001	37.54	.03
SURGERY	4	6	152.12	25.35	.001	38.03	.02
PATHOLOGY	28	213	1,406.80	6.60	.027	50.24	.18
RADIOLOGY	11	27	3,379.71	125.17	.003	307.25	.43
ROOM USE	18	46	2,064.43	44.88	.005	114.69	.26
CROSSOVERS/ALL OTH OUTPTNT	167	1,446	19,096.50	13.21	.184	114.35	2.43
@COUNTY HOSPITAL TOTAL	2	5 \$	22.40CR		.001 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00			.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		
ADMINISTRATIVE DAYS	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	22.40CR		.001	11.20CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	5	22.40CR		.001	11.20CR	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 20	003 THRU DE	EC 2003	PAGE 9,751
MOD024	FFF-FOR-SERVICE	/ DENTER T					01/29/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ر الالت	UIV AMEDA	CE	
7,864 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVI	ERAGE COST		-	HLI AVEKA COST PER	_	COST PER
7,004 EDIGIDLES	ODERO	OR DAYS OF CARE		EXFERDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	249	2,256	\$	292,424.16	\$	129.62				\$	37.19
COMM HOSP INPATIENT TOTAL	70	517	·	266,076.97	·	514.66	.066		3801.10	·	33.83
HSC HOSPITALS	6	60		70,764.00		1179.40	.008		11794.00		9.00
NON-HSC HOSPITALS TOTAL	8	103		140,914.28		1368.10	.013		17614.29		17.92
ACCOMMODATIONS	8	103		51,565.16		500.63	.013		6445.65		6.56
ADMINISTRATIVE DAYS	2	41		9,483.30		231.30	.005		4741.65		1.21
TRANSITIONAL IP CARE	2	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	62		42,081.86		678.74	.008		5260.23		5.35
ANCILLARIES	8	0		89,349.12		.00	.000		11168.64		11.36
INPATIENT CROSSOVERS	56	354		54,398.69		153.67	.045		971.41		6.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	190	1,739		26,347.19		15.15	.221		138.67		3.35
MEDICAL	6	6		225.23		37.54	.001		37.54		.03
SURGERY	4	6		152.12		25.35	.001		38.03		.02
PATHOLOGY	28	213		1,406.80		6.60	.027		50.24		.18
RADIOLOGY	11	27		3,379.71		125.17	.003		307.25		.43
ROOM USE	18	46		2,064.43		44.88	.006		114.69		.26
CROSSOVERS/ALL OTH OUTPTNT		1,441		19,118.90		13.27	.183		115.87		2.43
@STATE HOSPITAL	12	365	\$	160,243.76	\$	439.02	.046	Ś	13353.65	\$	20.38
MENTALLY ILL	0	0	٧	.00	~	.00	.000	~	.00	٧	.00
DEVELOP. DISABLED	12	365		160,243.76		439.02	.046		13353.65		20.38
@NURSING FACILITY	6,338	207,389	\$	19,114,787.27	\$	92.17			3015.90	Ġ	2430.67
LEV A-INTERMEDIATE	225	7,227	Y	335,119.15	٧	46.37	.919	٧	1489.42	Y	42.61
LEV B-REHAB MD	24	728		70,323.91		96.60	.093		2930.16		8.94
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	21	824		412,241.79		500.29	.105		19630.56		52.42
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,077	198,610		18,297,102.42		92.13	25.256		3010.88		2326.69
@INTERMEDIATE CARE FACILDD	299	9,024	\$	1,392,133.84	\$	154.27	1.148	\$	4655.97	\$	177.03
ICF DDH	96	2,932	Y	385,475.44	Ų	131.47	.373	Y	4015.37	Ÿ	49.02
ICF DD	0	2,332		.00		.00	.000		.00		.00
ICF DDN/DDCN	203	6,092		1,006,658.40		165.24	.775		4958.91		128.01
@HEMODIALYSIS TOTAL	39	112	\$	19,927.75	\$	177.93	.014	Ś		\$	2.53
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	39	112		19,927.75		177.93	.014		510.97		2.53
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	Ő	0	Y	.00	٧	.00	.000	٧	.00	Y	.00
INDEPENDENT FACILITY	Õ	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	35	274	\$	4,233.54	\$	15.45	.035	Ś	120.96	\$.54
PATHOLOGY	29	260	٧	4,183.29	~	16.09	.033	~	144.25	٧	.53
XO AND OTHERS	6	14		50.25		3.59	.002		8.38		.01
@ORGANIZED OUTPATIENT CLINIC	73	209	\$	19,375.53	\$	92.71	.027	Ś	265.42	\$	2.46
CLINIC	0	0	٧	.00	~	.00	.000	~	.00	٧	.00
SURGICENTER	21	62		2,990.47		48.23	.008		142.40		.38
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	52	147		16,385.06		111.46	.019		315.10		2.08
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES N		EDOR			DEC		D	AGE 9,752
MOP024	FEE-FOR-SERVICE		по г		LLI OIC.	1 1010 07110 2	2005 11110	рцс	2003	-	01/29/04
PLACER COUNTY		ICES FOR MN - LO	NG T	TERM CARE - TOTAL							01/25/01
THICHIC COUNTY	DOMINICI OI DEICO	TELE TOR PHY HOL	.,0 1	TERM CIRCL TOTAL			M	ОИТ	HLY AVERA	GE	
7,864 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
7,001 22101222	002112	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,113	30,148	\$	325,121.90	\$	10.78	3.834		292.11		41.34
DURABLE MED. EQUIP.	198	1,401	т.	107,987.47	Ψ.	77.08	.178	т'	545.39	-٣	13.73
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	9		2,396.63		266.29	.001		342.38		.30
MEDICAL TRANSPORTATION	478	20,320		69,511.94		3.42	2.584		145.42		8.84
	•	==,==0		,-==-,-							

AMBULANCES/AIR TRANS	34	242	4,239.74	1	7.52	.031		124.70	.54
OTHER TRANS	433	19,967	64,742.38		3.24	2.539		149.52	8.23
OTHER SERVICES	18	111	529.82		4.77	.014		29.43	.07
ACUPUNCTURE	0	0	.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	1	1	68.57	6	8.57	.000		68.57	.01
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	3	58	260.42		4.49	.007		86.81	.03
OPTICIAN	77	160	2,180.97	1	3.63	.020		28.32	.28
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00
PORTABLE X-RAY	111	212	938.90		4.43	.027		8.46	.12
PROSTHETIST/ORTHOTISTS	9	19	7,203.32	37	9.12	.002		800.37	.92
PROSTHETICS	9	19	7,203.32	37	9.12	.002		800.37	.92
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	23	24	234.93		9.79	.003		10.21	.03
SPEECH AND AUDIOLOGY	239	707	31,810.73	4	4.99	.090		133.10	4.05
HOSPICE SERVICES	32	972	97,053.86	9	9.85	.124	:	3032.93	12.34
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	69	6,265	5,474.16		.87	.797		79.34	.70
@CALIF. CHILDREN SERVICES*	1	2	\$ 24.50	\$ 1	2.25	.000	\$	24.50	\$.00
@XOVER EXCLUDING STATE HOSP**	1,960	36,389	\$ 261,368.30	\$	7.18	4.627	\$	133.35	\$ 33.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,753 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----13,166 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 11,159 365,568 \$ 21,726,261.89 59.43 27.766 \$ 1946.97 \$ 1650.18 \$ @PHYSICIANS SERVICES 1,288 3,323 97,122.70 29.23 .252 \$ 75.41 \$ 232 57.71 OUTPATIENT VISITS 341 13,387.70 39.26 .026 1.02 .021 OFFICE VISITS 199 281 9,917.35 35.29 49.84 .75 .00 HOME VISITS 0 0 .00 .000 .00 .00 37 0 0 2,975.95 EMERGENCY ROOM 42 70.86 .003 80.43 . 23 .00 PREVENTIVE CARE 0 0 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 18 494.40 27.47 .001 32.96 .04 INPATIENT VISITS 40 147 6,471.14 44.02 161.78 .011 .49 HOSPITAL VISITS 120 5,366.68 44.72 .009 206.41 .41 2. 121.60 .000 121.60 CRITICAL CARE 2 243.20 .02 13 25 861.26 34.45 .002 66.25 SNF/ICF/TRANS IP CARE 42 OPHTHALMOLOGICAL SERVICES 1,789.11 42.60 .003 66.26 .14 25 40 43.32 EXAMINATIONS 1,732.65 .003 69.31 .13 SERVICES AND MATERIALS 2 2 56.46 28.23 .000 28.23 .00 INPATIENT HOSPITAL SURGERY 17 75 10,439.82 139.20 .006 614.11 .79 10 16 7,987.13 499.20 798.71 PRINCIPAL SURGEON .001 .61 ASSISTANT SURGEON 1,278.45 319.61 319.61 4 .000 .10 ANESTHESIOLOGIST 55 1,174.24 21.35 .004 167.75 .09 **OUTPATIENT SURGERY** 44 126 14,971.03 118.82 .010 340.25 1.14 46 273.18 330.70 PRINCIPAL SURGEON 12,566.48 .003 3 3 435.90 145.30 .000 145.30 ASSISTANT SURGEON .03 77 ANESTHESIOLOGIST 11 1,968.65 25.57 .006 178.97 .15 6 339.60 .000 DIALYSIS 4 56.60 84.90 .03 PATHOLOGY 29 49 1,181.64 24.12 .004 40.75 .09

RADIOLOGY	124	250	10,818.33	43.27	.019	87.24	.82
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	12	22	134.60	6.12	.002	11.22	.01
OTHER SERVICES/ALL X-OVERS	1,007	2,262	37,490.79	16.57	.172	37.23	2.85
@PHARMACY	9,393	109,979	2,310,809.20		8.353 \$		\$ 175.51
PRESCRIPTION DRUGS	9,313	47,517	2,256,831.91	47.50	3.609	242.33	171.41
SNF/ICF	5,681	32,849	1,458,833.95	44.41	2.495	256.79	110.80
OUTPATIENTS	3,782	14,668	797,997.96	54.40	1.114	211.00	60.61
MEDICAL SUPPLIES	734	62,462	53,977.29	.86	4.744	73.54	4.10
@DENTIST	782	2,167	126,230.05	\$ 58.25	.165 \$	161.42	\$ 9.59
VISITS - DIAGNOSTIC	577	1,319	24,123.50	18.29	.100	41.81	1.83
ORAL SURGERY	91	242	9,659.75	39.92	.018	106.15	.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	9	1,573.00	174.78	.001	174.78	.12
ENDODONTICS	15	19	4,760.00	250.53	.001	317.33	.36
RESTORATIVE DENTISTRY	87	191	18,272.00	95.66	.015	210.02	1.39
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	154	347	67,121.80	193.43	.026	435.86	5.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	21	36	600.00	16.67	.003	28.57	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,754
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	Y NEEDY - AGED				
					MON'	THLY AVERA	GE
13,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	182	462	10,418.65	\$ 22.55	.035 \$	57.25	\$.79
DIACMOCTIC AND AND DROCED	20	20	1 612 67	/11 20	002	11 20	. 10

						MC	ONTHLY AVERA	AGE	
13,166 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COS'	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	}		PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	182	462	\$	10,418.65	\$ 22.55	.035	\$ 57.25	\$.79
DIAGNOSTIC AND ANC. PROCED	39	39		1,613.67	41.38	.003	41.38		.12
EYE APPLIANCES	128	360		6,524.70	18.12	.027	50.97		.50
OTHER OPTOMETRIC SERVICES	39	63		2,280.28	36.19	.005	58.47		.17
@CHIROPRACTOR	1	3	\$	34.71	\$ 11.57	.000	\$ 34.71	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	3		34.71	11.57	.000	34.71		.00
@PODIATRIST	801	880	\$	7,761.61	\$ 8.82	.067	\$ 9.69	\$.59
MEDICINE/INJECTIONS	2	2		87.80	43.90	.000	43.90		.01
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	799	878		7,673.81	8.74	.067	9.60		.58
@HOME HEALTH AGENCY	6	60	\$	4,339.17	\$ 72.32	.005	\$ 723.20	\$.33
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$ 82.70	.000	\$ 82.70	\$.01
@TOTAL HOSPITAL	459	3,303	\$	305,372.20	\$ 92.45	.251	\$ 665.30	\$	23.19
HOSP INPATIENT TOTAL	101	502		257,207.69	512.37	.038	2546.61		19.54
HSC HOSPITALS	19	89		104,770.00	1177.19	.007	5514.21		7.96
NON-HSC HOSPITAL TOTAL	7	31		84,344.79	2720.80	.002	12049.26		6.41
ACCOMMODATIONS	7	31		22,028.80	710.61	.002	3146.97		1.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	7	31		22,028.80	710.61	.002	3146.97		1.67
ANCILLARIES	7	0		62,315.99	.00	.000	8902.28		4.73
INPATIENT CROSSOVERS	76	382		68,092.90	178.25	.029	895.96		5.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	367	2,801		48,164.51	17.20	.213	131.24		3.66
MEDICAL	28	46		1,575.48	34.25	.003	56.27		.12

SURGERY	16	18	1,627.74	90.43	.001	101.73	.12
PATHOLOGY	54	321	2,665.90	8.30	.024	49.37	.20
RADIOLOGY	34	56	3,970.13	70.90	.004	116.77	.30
ROOM USE	69	98	3,745.67	38.22	.007	54.29	.28
CROSSOVERS/ALL OTH OUTPINT	290	2,262	34,579.59	15.29	.172	119.24	2.63
@COUNTY HOSPITAL TOTAL	2	5 \$	22.40CR \$	4.48CR	.000 \$	11.20CR\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	5		22.40CR	-	4.48CR			11.20C	R	.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	5		22.40CR		4.48CR			11.20C	Þ	.00
#CALIF DEPT OF HEALTH SERV			EC MO	ONTH-OF-PAYMENT RE				חבת			AGE 9,755
			ES MC	JNIH-OF-PAIMENI KE	PORT	OK UAN	2003 IRKU	DEC	2003	F	
MOP024	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY NI	EEDY - AGED						a=	
							M			GE	
13,166 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	457 101	3,298	\$	305,394.60	\$	92.60	.250	\$	668.26	\$	23.20
COMM HOSP INPATIENT TOTAL	101	502		257,207.69	5	12.37	.038		2546.61		19.54
HSC HOSPITALS	19	89		104,770.00	11	77.19	.007		5514.21		7.96
NON-HSC HOSPITALS TOTAL	7	31		84,344.79		20.80	.002		12049.26		6.41
ACCOMMODATIONS	7	31		22,028.80		10.61	.002		3146.97		1.67
ADMINISTRATIVE DAYS	Ó	0		.00	,	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	7	31			7						
ALL OTHER ACCOM				22,028.80	/	10.61	.002		3146.97		1.67
ANCILLARIES	7	0		62,315.99	_	.00	.000		8902.28		4.73
INPATIENT CROSSOVERS	76	382		68,092.90	1	78.25	.029		895.96		5.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	365	2,796		48,186.91		17.23	.212		132.02		3.66
MEDICAL	28	46		1,575.48		34.25	.003		56.27		.12
SURGERY	16	18		1,627.74		90.43	.001		101.73		.12
PATHOLOGY	54	321		2,665.90		8.30	.024		49.37		.20
RADIOLOGY	34	56		3,970.13		70.90	.004		116.77		.30
ROOM USE	69	98		3,745.67		38.22	.007		54.29		. 28
		2,257		34,601.99		15.33			120.15		2.63
CROSSOVERS/ALL OTH OUTPTNT	200	•	4	•		.00	.171	۸,	.00	۲,	
@STATE HOSPITAL		0	\$.00	\$.000	Þ		Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,180	201,325	\$	18,391,692.93	•	91.35		\$		\$	1396.91
LEV A-INTERMEDIATE	218	7,027		329,258.60		46.86	.534		1510.36		25.01
LEV B-REHAB MD	24	728		70,323.91		96.60	.055		2930.16		5.34
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	283		117,758.98	4	16.11	.021		13084.33		8.94
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5,936	193,287		17,874,351.44		92.48	14.681		3011.18		1357.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т	.00	т	.00	.000	Ψ.	.00	Ψ.	.00
ICF DD	0	Ŏ		.00		.00	.000		.00		.00
	0	0		.00		.00	.000				
ICF DDN/DDCN	60		4		A 1			4	.00	4	.00
@HEMODIALYSIS TOTAL		328	\$	35,499.87	\$ 1	08.23	.025	Ş	591.66	Ş	2.70
HOSPITAL BASED	0	0		.00	_	.00	.000		.00		.00
HEMODIALYSIS CENTER	60	328		35,499.87		08.23	.025		591.66		2.70
@REHABILITATION FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	98	466	\$	5,200.38	\$	11.16	.035	\$	53.07	\$.39
PATHOLOGY	90	450	•	5,098.15	•	11.33	.034		56.65		.39
XO AND OTHERS	8	16		102.23		6.39	.001		12.78		.01
@ORGANIZED OUTPATIENT CLINIC	221	378	\$	45,163.32	ė 1	19.48	.029	\$	204.36	\$	3.43
			ų	103.30	•			ų		ų	
CLINIC	1	3				34.43	.000		103.30		.01
SURGICENTER	16	39		3,904.36	Τ	00.11	.003		244.02		.30
HEROIN DETOX CLINIC	0	0		.00	_	.00	.000		.00		.00
RURAL HEALTH CLINIC	205	336		41,155.66		22.49	.026		200.76		3.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	PORT F	OR JAN	2003 THRU	DEC	2003	F	AGE 9,756

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

						MO	NTHLY AVERA	GE -	
13,166 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	1,297	42,893	\$	386,534.40	\$ 9.01	3.258	\$ 298.02	\$	29.36
DURABLE MED. EQUIP.	146	1,052		65,277.56	62.05	.080	447.11		4.96
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	10	12		4,605.84	383.82	.001	460.58		.35
MEDICAL TRANSPORTATION	497	16,702		63,758.62	3.82	1.269	128.29		4.84
AMBULANCES/AIR TRANS	37	218		3,577.26	16.41	.017	96.68		.27
OTHER TRANS	446	16,341		59,545.20	3.64	1.241	133.51		4.52
OTHER SERVICES	18	143		636.16	4.45	.011	35.34		.05
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	126	1,751		120,968.00	69.09	.133	960.06		9.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28		2,605.79	93.06	.002	289.53		.20
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	156	353		4,518.66	12.80	.027	28.97		.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	110	205		586.94	2.86	.016	5.34		.04
PROSTHETIST/ORTHOTISTS	9	12		515.99	43.00	.001	57.33		.04
PROSTHETICS	9	12		515.99	43.00	.001	57.33		.04
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	21	21		187.99	8.95	.002	8.95		.01
SPEECH AND AUDIOLOGY	59	97		8,557.17	88.22	.007	145.04		.65
HOSPICE SERVICES	37	1,011		100,360.85	99.27	.077	2712.46		7.62
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	202	21,648		14,563.96	.67	1.644	72.10		1.11
@CALIF. CHILDREN SERVICES*	2	3	\$		\$ 25.73	.000	\$ 38.60	\$.01
@XOVER EXCLUDING STATE HOSP**	2,460	31,674	\$	348,363.93	\$ 11.00	2.406	\$ 141.61	\$	26.46
@* TOTALC IN THECE IINEC ARE CIT	זראז אכ א פרוסאנ	סאידי דאובי∩סאואידרואו די	ועושיו	ONT V ·					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,757
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----80 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 214,594.01 68.275 \$ 3110.06 \$ 2682.43 @TOTAL, ALL PROVIDERS 69 5,462 \$ 39.29 8 20 757.79 37.89 .250 \$ 94.72 \$ @PHYSICIANS SERVICES 136.95 45.65 .038 45.65 1.71 OUTPATIENT VISITS OFFICE VISITS 0 .00 .00 .000 .00 .00 68.60 34.30 34.30 .86 HOME VISITS .025 68.35 68.35 .013 68.35 .85 EMERGENCY ROOM 1 .00 PREVENTIVE CARE .00 .00 .000 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 .00 .000 .00 .00 5.55 INPATIENT VISITS 10 444.30 44.43 .125 222.15 44.43 222.15 HOSPITAL VISITS 10 444.30 .125 5.55 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .000 0 .00 .00 .000 .00 .00 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		13.84		6.92	.025		13.84		.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	5		162.70		32.54	.063		32.54		2.03
@PHARMACY	54	3,989	\$	28,321.86	\$	7.10	49.863	\$!	524.48	\$	354.02
PRESCRIPTION DRUGS	54	344		25,930.50		75.38	4.300	4	480.19		324.13
SNF/ICF	36	258		14,160.55		54.89	3.225		393.35		177.01
OUTPATIENTS	19	86		11,769.95		136.86	1.075	(519.47		147.12
MEDICAL SUPPLIES	14	3,645		2,391.36		.66	45.563	-	170.81		29.89
@DENTIST	7	13	\$	2,015.00	\$	155.00	.163	\$ 2	287.86	\$	25.19
VISITS - DIAGNOSTIC	5	9		215.00		23.89	.113		43.00		2.69
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,800.00		450.00	.050	(900.00		22.50
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT R	EPORT	r for Jan		EC 20	003	Р	AGE 9,758
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY		ICES FOR MEDICAL	LY N	NEEDY - BLIND							
							MO	NTHLY	Y AVERA	GE.	
80 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS		ST PER	_	COST PER
11 321013220	002110						DED DITE		TOPP		DI TOTRI

UNITS OF SERV	-	EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
OR DAYS OF C	ARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	\$.00	\$.00	.000	\$.00	\$.00
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
0	\$.00	\$.00	.000	\$.00	\$.00
0	•	.00	•	.00	.000		.00		.00
0		.00		.00	.000		.00		.00
3	\$	38.63	\$	12.88	.038	\$	12.88	\$.48
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
3		38.63		12.88	.038		12.88		.48
0	\$.00	\$.00	.000	\$.00	\$.00
0	\$.00	\$.00	.000	\$.00	\$.00
0	\$.00	\$.00	.000	\$.00	\$.00
0	\$.00	\$.00	.000	\$.00	\$.00
0	Ė	.00	\$.00	.000	\$.00	\$.00
12	\$	11,908.00	\$	992.33		\$	3969.33	\$	148.85
			'						148.13
10		11,850.00		1185.00	.125		11850.00		148.13
		,							
	0 0 0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0	10	0 \$.00 0 .00 0 .00 0 \$.00 0 .00 0 .00 3 \$ 38.63 0 .00 0 .00 0 .00 3 38.63 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 10 11,908.00 10 11,850.00	0 \$.00 \$ 0 .00 0 .00 0 .00 0 \$.00 0 \$.00 0 \$.00 0 .00 0 .00 0 .00 3 \$ 38.63 \$ 0 .00 0 .00 3 \$ 38.63 0 \$.00 0 .00 3 \$.00 0 \$.00	0 \$.00 \$.00 0 .00 .00 .00 0 .00 .00 .00 0 \$.00 \$.00 0 .00 .00 .00 3 \$ 38.63 \$ 12.88 0 .00 .00 .00 0 .00 .00 .00 3 38.63 12.88 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ 0 \$.00 \$ <t< td=""><td>0 \$.00 \$.00 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 \$.00 .00 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 3 \$ 38.63 \$ 12.88 .038 0 .00 .00 .000 .000 0 .00 .00 .000 .000 3 38.63 \$ 12.88 .038 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00<td>0 \$.00 \$.00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.000 \$.000</td><td>0 \$.00 \$.00<td>0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <</td></td></td></t<>	0 \$.00 \$.00 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 \$.00 .00 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 3 \$ 38.63 \$ 12.88 .038 0 .00 .00 .000 .000 0 .00 .00 .000 .000 3 38.63 \$ 12.88 .038 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 .000 0 \$.00 \$.00 <td>0 \$.00 \$.00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.000 \$.000</td> <td>0 \$.00 \$.00<td>0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <</td></td>	0 \$.00 \$.00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.000 \$.000	0 \$.00 \$.00 <td>0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <</td>	0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	58.00	29.00	.025	29.00	.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Û	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	58.00	29.00	.025	29.00	.73
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 9,759
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - BLIND				
					Mo	ONTHLY AVERA	GE
80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12 \$	11,908.00	\$ 992.33	.150	\$ 3969.33	\$ 148.85
COMM HOSP INPATIENT TOTAL	1	10	11,850.00	1185.00	.125	11850.00	148.13
HSC HOSPITALS	1	10	11,850.00	1185.00	.125	11850.00	148.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
TNDAMIENM CDOCCOVEDC	0	0	.00	.00	.000	.00	.00

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

0

0

0

2

0

0 0

@NURSING FACILITY	29	971	\$ 102,905.16	\$ 105.98	12.138	\$ 3548.45	\$ 1286.31
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	971	102,905.16	105.98	12.138	3548.45	1286.31
@INTERMEDIATE CARE FACILDD	12	365	\$ 60,010.35	\$ 164.41	4.563	\$ 5000.86	\$ 750.13
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365	60,010.35	164.41	4.563	5000.86	750.13
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	2	8	\$	131.73	\$	16.47	.100	\$	65.87	\$	1.65	
PATHOLOGY	2	8		131.73		16.47	.100		65.87		1.65	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MO	NTH-OF-PAYMENT R	EPORT	' FOR JAN	2003 THRU	DEC	2003	PAGE	9,760	
MOP024	FEE-FOR-SERVICE/DEN	ΓAL								01	1/29/04	
PLACER COUNTY	SUMMARY OF SERVICES	FOR MEDICAL	LY NE	EDY - BLIND								
							M	IONT	HLY AVERAC	3E		
80 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST	Γ PER	
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIG	1	USER	ELIC	GIBLE	
MAIL OTHER DROWINERS	1 8	81	Ċ	8 505 49	¢	105 01	1 013	Ġ	472 53	¢ 10	16 32	

80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	18	81 \$	8,505.49	\$ 105.01	1.013 \$		\$ 106.32
DURABLE MED. EQUIP.	6	32	7,132.01	222.88	.400	1188.67	89.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	20	224.03	11.20	.250	44.81	2.80
AMBULANCES/AIR TRANS	2	12	176.10	14.68	.150	88.05	2.20
OTHER TRANS	3	8	47.93	5.99	.100	15.98	.60
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	29	1,149.45	39.64	.363	104.50	14.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	17	10 \$	1,553.66	\$ 155.37	.125 \$	91.39	\$ 19.42

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,761
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

I LIICLIC COONII	DOINIMET OF DER	VICED FOR THEFTON		dee bidibeed							
							MC	TN	HLY AVERA	GE	
7,394 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,980	186,423	\$	9,336,969.29	\$	50.08	25.213	\$	1561.37	\$	1262.78
@PHYSICIANS SERVICES	1,601	8,007	\$	311,138.22	\$	38.86	1.083	\$	194.34	\$	42.08
OUTPATIENT VISITS	604	986		39,951.50		40.52	.133		66.14		5.40
OFFICE VISITS	424	633		20,544.17		32.46	.086		48.45		2.78
HOME VISITS	12	16		548.80		34.30	.002		45.73		.07
EMERGENCY ROOM	183	254		16,836.79		66.29	.034		92.00		2.28

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARR									
OPTIME CUTPATIENT	PREVENTIVE CARE			.00	.00	.000	.00		.00
HASPITIST									
CRITICAL CARE	OTHER OUTPATIENT		83			.011	31.10		.27
CRITICAL CARE	INPATIENT VISITS		1,355	54,269.79		.183			
SMP/ICE/TRANS IP CARE	HOSPITAL VISITS	182	1,165	43,976.08	37.75	.158	241.63		5.95
Definition Continue	CRITICAL CARE	16	54	5,758.90	106.65	.007	359.93		.78
EXAMINATIONS	SNF/ICF/TRANS IP CARE	64	136	4,534.81	33.34	.018	70.86		.61
SERVICES AND MATERIALS	OPHTHALMOLOGICAL SERVICES	12	16	728.53	45.53	.002	60.71		.10
INPATIENT HOSPITAL SURGERY	EXAMINATIONS	12	16	728.53	45.53	.002	60.71		.10
PRINCIPAL SURGEON 6	SERVICES AND MATERIALS	0	0		.00	.000	.00		.00
ANSSISTANT SURGEON ANSETHESIOLOGIST 28 550 1.838.50 19.71 .074 387.09 1.47 OUTPATIENT SURGERY 100 240 19.367.16 80.70 .032 193.67 2.62 PRINCIPLAL SURGEON 81 112 15,709.61 140.26 .015 193.95 2.12 ANSSISTANT SURGEON 3 3 3 3 5.55.37 178.46 .000 178.46 .007 ANNSTHESIOLOGIST 22 125 3.122.18 24.98 .017 141.92 .42 DIALYSIS 13 68 3.959.56 58.23 .009 304.58 .54 PATHOLOCY 83 237 7.283.66 30.73 .032 877.75 .99 RADIOLOCY 85 1.239 60.408.75 48.76 .168 164.15 8.17 PSYCHIATRY 7 7 7 230.86 32.98 .001 32.98 .03 IMMUNIZATION AND INJECTION 39 398 4.380.61 11.01 .054 112.32 .59 OTHER SERVICES/ALL X-OVERS 915 2.726 53.762.18 19.72 .369 58.76 7.27 PRESCRIPTION DRUGS 4.604 23.145 2.230.823.25 98.38 31.30 484.54 301.71 SNF/ICF 800 6.028 415.735.93 68.97 8.15 519.67 56.23 OUTPATIENTS 3.850 17.177 1.815.887.32 106.04 2.315 471.45 245.48 MEDICAL SUPPLIES 3.861 2.230 9.1216 16.611.50 1.566 1.64 53.76 2.25 UNENTIST 140 309 1.216 16.611.50 13.66 1.64 53.76 2.25 UNENTIST DIAGNOSTIC 309 1.216 16.611.50 13.66 1.64 53.76 2.25 UNENTIST DIAGNOSTIC 309 1.216 16.611.50 13.66 1.64 53.76 2.25 UNENTIST PAGEON 3.85 3.85 3.85 3.85 3.85 3.85 3.85 3.85	INPATIENT HOSPITAL SURGERY	101	735	66,795.62	90.88	.099	661.34		9.03
AMESTHESIOLOGIST 128	PRINCIPAL SURGEON	87	179	54,692.42	305.54	.024	628.65		7.40
OUTPATTENT SURGERY	ASSISTANT SURGEON	6	6	1,264.70	210.78	.001	210.78		.17
## PRINCIPAL SURGEON	ANESTHESIOLOGIST	28	550	10,838.50	19.71	.074	387.09		1.47
ARSISTANT SURGEON 3 3 3 3, 122,18 24.98 .010 178.46 .07 ANESTHESIOLOGIST 13 6.88 3,959,56 58.23 .009 304,58 .54 DIALYSIS 13 6.88 3,959,56 58.23 .009 304,58 .54 PATHOLOGY 368 1,239 60,408.75 48.76 .168 164.15 81.77 PSYCHIATRY 7 7 283,66 32.39 .001 32,98 .03 IMMINIZARION AND INJECTION 39 388 4,380,61 111.01 .054 112.32 .59 OTHER SERVICES/ALL X-OVERS 915 2,726 53.762,18 19.77 .364 512.32 .59 PRESCRIPTION DRUGS 4,672 65,529 \$ 2,281,028.46 \$ 34.81 8.862 \$ 488.23 \$ 308.50 PRESCRIPTION DRUGS 4,672 65,529 \$ 2,281,028.46 \$ 34.81 8.862 \$ 488.23 \$ 308.50 PRESCRIPTION DRUGS 4,664 23,145 22,281,028.46 \$ 34.81 8.862 \$ 488.23 \$ 308.50 PRESCRIPTION DRUGS 4,672 66,529 \$ 2,281,028.46 \$ 34.81 8.862 \$ 488.23 \$ 308.50 PRESCRIPTION DRUGS 4,672 66,028 415,735,93 68.97 .815 519.67 65.23 OUTDATIENTS 3,850 17,117 1,815,087,32 100.04 2.315 519.67 65.23 OUTDATIENTS 3,850 17,117 1,815,087,32 100.04 2.315 519.67 65.23 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 67.99 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 7.90 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 7.90 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 7.90 PREDICAL SUPPLIES 3,850 17,117 1,815,087,32 100.04 2.315 519.67 7.90 PREDICAL SUPPLIES 3,800 1,918 50.20 100.00 2.00 2.00 2.00 2.00 2.00 2.0	OUTPATIENT SURGERY	100	240	19,367.16	80.70	.032	193.67		2.62
AMESTHESIOLOGIST 22	PRINCIPAL SURGEON	81	112		140.26	.015	193.95		2.12
DATACOLOGY	ASSISTANT SURGEON	3	3	535.37	178.46	.000	178.46		.07
DAILYSIS	ANESTHESIOLOGIST	22	125	3,122.18	24.98	.017	141.92		.42
PATHOLOGY 83 237 7, 283.66 30.73 0.32 87.75 9.99 RADIOLOGY 368 1,239 60.408.75 48.76 1.68 164.15 8.17 PSYCHIATRY 7 7 230.86 32.98 0.01 32.98 0.03 IMMINIZATION AND INJECTION 39 398 4,380.61 11.01 0.54 112.32 5.59 OTHER SERVICES/ALL X-OVERS 915 2,726 55.762.18 19.72 3.69 58.76 7.27 SPHARMACY 4,672 65.529 \$ 2,281.028.46 \$ 34.81 8.862 \$ 488.23 \$ 308.50 PRESCRIPTION DRUGS 4,604 23,145 2,230.823.25 96.38 3.130 484.54 301.71 SNF/ICF 800 6,028 415.735.93 68.97 8.15 51.07 56.23 OUTPATIENTS 3,850 17,117 1,1815,087.32 106.04 2.315 471.45 245.48 MEDICAL SUPPLIES 381 42,384 50.205.21 1.18 5.732 111.77 6.79 OURL SURGERY 833 350 17,126 16.611.50 13.66 1.64 2.315 471.45 245.48 MEDICAL SUPPLIES 309 1,216 16.611.50 13.66 1.64 53.76 2.25 ORAL SURGERY 833 350 15,453.00 44.15 0.07 186.18 2.09 DRUGS 1 2 2 25.00 12.50 0.00 25.00 0.00 ANESTHESIA 3 3 3 30.00 100.00 0.00 100.00 0.00 PERIODONTICS 32 46 6,763.00 147.02 0.06 211.34 9.91 ENDODONTICS 32 46 6,763.00 147.02 0.06 211.34 9.91 ENDODONTICS 32 46 6,763.00 147.02 0.06 211.34 9.91 ENDODONTICS 33 44 49 0.00 2.07.83 0.09 409.71 1.99 RESTORATIVE DENTISTRY 160 388 34.993.50 90.19 0.52 218.71 4.73 PROSTHETICS 4 4 4 9 0.00 2.250 0.01 22.50 0.01 22.50 0.00 ENDODONTICS 32 46 4 9.00 0 0.00 0.00 0.00 0.00 0.00 PRODONTICS 33 5 69 14.340.00 2.783 0.09 409.71 1.99 PROSTHETICS 4 4 4 9 0.00 0 0.00 0.00 0.00 0.00 0.00		13	68			.009	304.58		.54
PSYCHIATRY 7	PATHOLOGY	83	237		30.73	.032	87.75		.99
PSYCHIATRY 7	RADIOLOGY	368	1,239	60,408.75	48.76	.168	164.15		8.17
MINISTATION AND INJECTION 39	PSYCHIATRY	7		230.86		.001	32.98		.03
SPHEMMACY	IMMUNIZATION AND INJECTION	39	398	4,380.61	11.01	.054			.59
PRESCRIPTION DRUGS	OTHER SERVICES/ALL X-OVERS	915	2,726	53,762.18	19.72	.369	58.76		7.27
PRESCRIPTION DRUGS	@PHARMACY	4,672	65,529 \$	2,281,028.46	\$ 34.81	8.862	\$ 488.23	\$	308.50
NFICE	PRESCRIPTION DRUGS	4,604		2,230,823.25	96.38	3.130	484.54	•	301.71
OUTPATIENTS	SNF/ICF	800					519.67		56.23
MEDICAL SUPPLIES	OUTPATIENTS	3,850	17,117	1,815,087.32	106.04		471.45		245.48
⊕DENTIST 487 2,309 \$ 112,479.00 \$ 48.71 .312 \$ 230,96 \$ 15.21 VISITS - DIAGNOSTIC 309 1,216 16,611.50 13.66 .164 53.76 2.25 ORAL SURGERY 83 350 15,453.00 44.15 .047 186.18 2.09 DRUGS 1 2 255.00 12.50 .000 25.00 .00 ANESTHESIA 3 300.00 100.00 .000 25.00 .04 PERIODONTICS 32 46 6,763.00 147.02 .006 211.34 .91 RESTORATIVE DENTISTRY 160 388 34,993.50 90.19 .052 218.71 4.73 PROSTHETICS 4 4 490.00 22.50 .001 22.50 .01 DENTURES, STAYPLATES 63 202 23,833.00 117.99 .027 378.30 3.22 SPACE MAINTAINERS 1 1 .00 .00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>131.77</td> <td></td> <td>6.79</td>							131.77		6.79
VISITS - DIAGNOSTIC ORAL SURGERY ORAL SURGER	@DENTIST	487			\$ 48.71	.312	\$ 230.96	\$	15.21
ORAL SURGERY ORAL SURGERY DRUGS 1 2 2 25.00 12.50 .000 25.00 .000 ANESTHESIA 3 3 300.00 100.00 .000 100.00 .000 100.00 .000 .004 PERIODONTICS 32 46 6,763.00 147.02 .006 211.34 .91 ENDODONTICS 35 69 14,340.00 207.83 .009 409.71 1.94 RESTORATIVE DENTISTRY 160 388 34,993.50 90.19 .052 218.71 4.73 PROSTHETICS 4 4 90.00 22.50 .001 22	VISITS - DIAGNOSTIC	309		16,611.50	13.66	.164	53.76	•	2.25
DRIGS ANESTHESIA ANESTHESIA ANESTHESIA ANESTHESIA BPERIODONTICS BRIDGONTICS BR	ORAL SURGERY				44.15	.047	186.18		2.09
ANESTHESIA 3 3 30.00 100.00 .000 100.00 .004 PERIODONTICS 32 46 6,763.00 147.02 .006 211.34 .91 ENDODONTICS 32 69 14,340.00 207.83 .009 409.71 1.94 RESTORATIVE DENTISTRY 160 388 34,993.50 90.19 .052 218.71 4.73 PROSTHETICS 4 4 4 90.00 22.50 .001 22.50 .01 DENTURES, STAYPLATES 63 202 23,833.00 117.99 .027 378.30 3.22 SPACE MAINTAINERS 1 1 1 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 1 1 1 70.00 .00 .00 .00 .00 .00 CORTHODONTIC SERVICES 1 1 70.00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICE AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,762 MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE MEDICALLY NEEDY - DISABLED TO AND AVERAGE COST UNITS/DAYS COST PER COST PER CONTONE SUMMARY OF SERVICES PAGE SERVICE SUMMARY OF SERVICE SUMMARY O	DRUGS	1	2		12.50	.000	25.00		.00
PERIODONTICS	ANESTHESIA	3		300.00	100.00	.000	100.00		.04
ENDODONTICS 35 69 14,340.00 207.83 .009 409.71 1.94 RESTORATIVE DENTISTRY 160 388 34,993.50 90.19 .052 218.71 4.73 PROSTHETICS 4 4 90.00 22.50 .001 22.50 .011 DENTURES, STAYPLATES 63 202 23,833.00 117.99 .027 378.30 3.22 SPACE MAINTAINERS 1 1 1 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 PRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 1 1 70.00 70.00 .00 .00 .00 PRACTURES SERVICES 1 1 27 .00 70.00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9.762 MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE SERVICES FOR MEDICALLY NEEDY - DISABLED 7,394 ELIGIBLES USERS UNITS OF SERVICE SERVICES FOR DEXPENDITURES SERVICES AND EXPENDITURES SERVICES AND EXPENDITURES SERVICES AND EXPENDITURES SERVICES AND EXPENDITURES MEDICALLY NEEDY - DISABLED 80PTOMETRIST 140 SERVICES EXPENDITURES SERVICES AND EXPENDITURES SERVICES SERVICES AND EXPENDITURES SERVICES	PERIODONTICS	32	46	6,763.00	147.02	.006	211.34		.91
RESTORATIVE DENTISTRY 160 388 34,993.50 90.19 0.52 218.71 4.73 PROSTHETICS 4 90.00 22.50 0.01 22.50 0.01 DENTURES, STAYPLATES 63 202 23,833.00 117.99 0.27 378.30 3.22 SPACE MAINTAINERS 1 1 0.00 0.00 0.00 0.00 0.00 MAXILLOFACIAL SERVICES 0 0 0 0 0.00 0.00 0.00 0.00 0.00 MAXILLOFACIAL SERVICES 0 0 0 0 0.00 0.00 0.00 0.00 0.00 PRACTURES, DISLOCATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 ORTHODONTIC SERVICES 1 1 1 70.00 70.00 0.00 70.00 0.00 CONTHODONTIC SERVICES 1 1 70.00 70.00 0.00 70.00 0.00 #CALL OTHER SERVICES 1 1 27 0.00 0.00 0.00 0.00 70.00 0.00 #CALLEF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,762 MOPO 24 FEE-FOR-SERVICE/DENTAL THE PORT OF THE POR		35	69	•	207.83	.009	409.71		
PROSTHETICS	RESTORATIVE DENTISTRY		388		90.19	.052			4.73
DENTURES, STAYPLATES 63 202 23,833.00 117.99 .027 378.30 3.22 SPACE MAINTAINERS 1 1 .00 .00 .000 .000 .000 .000 .000 .		4	4	•					
SPACE MAINTAINERS 1 1 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
MAXILLOFACIAL SERVICES 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 <		1	1		.00	.000	.00		.00
FRACTURES, DISLOCATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	MAXILLOFACIAL SERVICES		0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES 1 1 27 70.00 70.00 .000 70.00 .000 .000 .00		0	0						
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOPD 24 PLACER COUNTY **SERVICE** **TOTAL SERVICE** **MEDI-CAL SERVICE** **MOPD 24 **PEE-FOR-SERVICE** **DIACER COUNTY **DIACER COUNTY **TOTAL SERVICE** **MEDI-CAL SERVICE** **MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **O1/29/04 **O1/29/04 **MEDI-CAL SERVICE** **MEDI-CAL SERVICE** **MEDI-CAL SERVICE** **MEDI-CAL SERVICE** **MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **O1/29/04 **MEDI-CAL SERVICE** **MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **O1/29/04 **O1/29/04 **MEDI-CAL SERVICE** **MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **O1/29/04 **O1/29/04 **O1/29/04 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **O1/29/04 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 **PAGE 9,762 **ONTH-OF-PA		1	1	70.00	70.00	.000	70.00		.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,762 MOP024 PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED 7,394 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ©OPTOMETRIST MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,762 01/29/04 PLACER COUNTY NEEDY - DISABLED EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE ©OPTOMETRIST 140 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,762 01/29/04 COST PER PER UNIT/DAYS PER ELIG USER ELIGIBLE ©OPTOMETRIST		11	27	.00	.00	.004	.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED 7,394 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE ©OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09								PAG	
7,394 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE ©OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09									
7,394 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE ©OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09	PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED					
7,394 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE ©OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09						MON	NTHLY AVERA	GE	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09	7,394 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	ST PER
@OPTOMETRIST 140 396 \$ 8,067.63 \$ 20.37 .054 \$ 57.63 \$ 1.09	•		OR DAYS OF CARE					EL	LIGIBLE
	@OPTOMETRIST	140		8,067.63			\$ 57.63	\$	1.09
21101100110 1110 1110 1110 1110 1110 11	DIAGNOSTIC AND ANC. PROCED	53	53	2,312.32	43.63	.007	43.63	-	.31

7,394 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S (COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	140	396	\$ 8,067.63	\$	20.37	.054	\$	57.63	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	53	53	2,312.32		43.63	.007		43.63	.31
EYE APPLIANCES	113	331	5,371.53		16.23	.045		47.54	.73
OTHER OPTOMETRIC SERVICES	12	12	383.78		31.98	.002		31.98	.05
@CHIROPRACTOR	14	20	\$ 334.40	\$	16.72	.003	\$	23.89	\$.05
VISITS	13	19	317.68		16.72	.003		24.44	.04
OTHER SERVICES	1	1	16.72		16.72	.000		16.72	.00
@PODIATRIST	101	153	\$ 1,525.23	\$	9.97	.021	\$	15.10	\$.21
MEDICINE/INJECTIONS	4	5	148.00		29.60	.001		37.00	.02
SURGERY/ANES.	1	1	16.76		16.76	.000		16.76	.00

DADIO (DAMIOION	0	0	0.0	0.0	000	0.0	0.0
RADIO./PATHOLOGY	97	0	.00	.00	.000	.00	.00
OTHER		147	1,360.47	9.25	.020	14.03	.18
@HOME HEALTH AGENCY	70	12,826	380,803.67	\$ 29.69	1.735	\$ 5440.05	\$ 51.50
NURSE ANESTHESIST	1	5 \$	7.50	\$ 1.50	.001	\$ 7.50	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	831	8,285	2,024,507.37	\$ 244.36	1.121	\$ 2436.23	\$ 273.80
HOSP INPATIENT TOTAL	173	1,518	1,877,926.58	1237.11	.205	10855.07	253.98
HSC HOSPITALS	93	847	975,121.64	1151.27	.115	10485.18	131.88
NON-HSC HOSPITAL TOTAL	52	509	880,549.17	1729.96	.069	16933.64	119.09
ACCOMMODATIONS	51	509	292,048.56	573.77	.069	5726.44	39.50
ADMINISTRATIVE DAYS	9	142	32,324.18	227.64	.019	3591.58	4.37
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	367	259,724.38	707.70	.050	5646.18	35.13
ANCILLARIES	52	0	588,500.61	.00	.000	11317.32	79.59
INPATIENT CROSSOVERS	34	162	22,255.77	137.38	.022	654.58	3.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	721	6,767	146,580.79	21.66	.915	203.30	19.82
MEDICAL	122	215	7,885.17	36.68	.029	64.63	1.07
SURGERY	38	42	2,192.50	52.20	.006	57.70	.30
PATHOLOGY	262	2,301	16,448.49	7.15	.311	62.78	2.22
RADIOLOGY	158	302	24,270.27	80.37	.041	153.61	3.28
ROOM USE	264	460	17,203.59	37.40	.062	65.17	2.33
CROSSOVERS/ALL OTH OUTPTNT	483	3,447	78,580.77	22.80	.466	162.69	10.63
@COUNTY HOSPITAL TOTAL	5	75	74,797.33	\$ 997.30	.010	\$ 14959.47	\$ 10.12
CO HOSPITAL INPATIENT TOTAL	1	55	74,360.00	1352.00	.007	74360.00	10.06
HSC HOSPITALS	1	55	74,360.00	1352.00	.007	74360.00	10.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20	437.33	21.87	.003	109.33	.06
MEDICAL	2	2	132.99	66.50	.000	66.50	.02
SURGERY	0	0	.00	.00	.000	.00	.00
	0						
PATHOLOGY	2	13	163.65	12.59	.002	81.83	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.33	33.08	.001	44.11	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.36	8.36	.000	8.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 9,763
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
1 2110211 0001111	201111111 01 22111	1020 1010 1120 201122	11221 2121222		MC	NTHLY AVERA	GE
7,394 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
7,394 EDIGIBLES	OSEKS		EXPENDITORES				
	0.00	OR DAYS OF CARE	1 040 710 04	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	828	8,210		\$ 237.48	1.110	\$ 2354.72	
COMM HOSP INPATIENT TOTAL	172	1,463	1,803,566.58	1232.79	.198	10485.85	243.92
HSC HOSPITALS	92	792	900,761.64	1137.33	.107	9790.89	121.82
NON-HSC HOSPITALS TOTAL	52	509	880,549.17	1729.96	.069	16933.64	119.09
ACCOMMODATIONS	51	509	292,048.56	573.77	.069	5726.44	39.50
ADMINISTRATIVE DAYS	21						
			32.324.18	227.64	.019	3591.58	4.37
TRANSTTIONAL TO CARE	9	142	32,324.18	227.64	.019	3591.58 00	4.37
TRANSITIONAL IP CARE	9 0	142 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9 0 46	142 0 367	.00 259,724.38	.00 707.70	.000 .050	.00 5646.18	.00 35.13
ALL OTHER ACCOM ANCILLARIES	9 0 46 52	142 0 367 0	.00 259,724.38 588,500.61	.00 707.70 .00	.000 .050 .000	.00 5646.18 11317.32	.00 35.13 79.59
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	9 0 46 52 34	142 0 367 0 162	.00 259,724.38 588,500.61 22,255.77	.00 707.70 .00 137.38	.000 .050 .000 .022	.00 5646.18 11317.32 654.58	.00 35.13 79.59 3.01
ALL OTHER ACCOM ANCILLARIES	9 0 46 52	142 0 367 0	.00 259,724.38 588,500.61	.00 707.70 .00	.000 .050 .000	.00 5646.18 11317.32	.00 35.13 79.59

COMM HOSP OUTPATIENT TOTAL	718	6,747		146,143.46			.912		203.54		19.77
MEDICAL	120	213					.029		64.60		1.05
SURGERY	38			2,192.50		52.20	.006		57.70		.30
PATHOLOGY		2,288		16,284.84		7.12	.309		62.63		2.20
RADIOLOGY	158	302		24,270.27		80.37	.041		153.61		3.28
ROOM USE	262	456		17,071.26		37.44	.062		65.16		2.31
CROSSOVERS/ALL OTH OUTPTNT	482	3,446		78,572.41		22.80	.466		163.01		10.63
@STATE HOSPITAL	12	365	\$		\$.049	\$ 1	3353.65	\$	21.67
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	365		160,243.76		439.02	.049		3353.65		21.67
@NURSING FACILITY	523	16,213	\$	1,959,257.10	\$	120.84	2.193	\$	3746.19	\$	264.98
LEV A-INTERMEDIATE	25	759		53,250.01		70.16	.103		2130.00		7.20
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	14	583		317,121.23		543.95	.079		2651.52		42.89
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 14 0 487	14,871		1,588,885.86		106.84	2.011		3262.60		214.89
@INTERMEDIATE CARE FACILDD	0 487 293 98	8,//8	\$	1,352,866.90	\$		1.187		4617.29	\$	182.97
ICF DDH	98	2,962		389,950.54		131.65	.401		3979.09		52.74
ICF DD	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	195	5,816		962,916.36		165.56	.787		4938.03		130.23
@HEMODIALYSIS TOTAL	90	875	\$.118	\$	668.16	\$	8.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	90 6 6	875		60,134.58		68.73	.118		668.16		8.13
@REHABILITATION FACILITY	6	25	\$	846.26			.003	\$		\$.11
HOSPITAL BASED	6	25		846.26		33.85	.003		141.04		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	272	1,356	\$	22,921.56			.183	\$		\$	3.10
PATHOLOGY	265	1,336		22,872.00		17.12	.181		86.31		3.09
XO AND OTHERS	7	20		49.56		2.48	.003		7.08		.01
CONGANIZED COTFATIENT CHINIC	300	1,144	\$			129.41	.155	\$	291.42	\$	20.02
CLINIC	39	84		2,187.18		26.04	.011		56.08		.30
SURGICENTER	24	76		2,882.25		37.92	.010		120.09		.39
HEROIN DETOX CLINIC	3	47		549.65		11.69	.006		183.22		.07
RURAL HEALTH CLINIC	39 24 3 443	937		142,424.81		152.00	.127		321.50		19.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PΙ	AGE 9,764
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MEDIC	ALLY	NEEDY - DISABLED							
							M	ONTH	ILY AVERA	GE -	

7,394 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 464.04 \$ 69.35 @ALL OTHER PROVIDERS 1,105 60,137 512,763.76 \$ 8.53 8.133 \$ 107.18 730.81 DURABLE MED. EQUIP. 176 1,200 128,621.94 .162 17.40 BLOOD BANK 0 0 .00 .00 .000 .00 .00 552.26 552.26 2 2 1,104.51 HEARING AID DISPENSERS .000 .15 266 21,018 92,413.23 4.40 2.843 347.42 12.50 MEDICAL TRANSPORTATION 2,070 109 24,681.93 11.92 .280 226.44 3.34 AMBULANCES/AIR TRANS OTHER TRANS 157 18,761 54,568.27 2.91 2.537 347.57 7.38 187 877.54 OTHER SERVICES 15 13,163.03 70.39 .025 1.78 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE 47,834.83 ADULT DAY HEALTH CARE CTR 45 690 69.33 .093 1063.00 6.47 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 43 3,249 106,782.75 32.87 .439 2483.32 14.44 OCCUPATIONAL THERAPIST 3 58 260.42 4.49 .008 86.81 .04 139 327 3,936.67 12.04 28.32 OPTICIAN .044 .53 0 0 .00 .000 .00 .00 PHYSICAL THERAPIST .00 PORTABLE X-RAY 14 29 556.81 19.20 .004 39.77 .08 PROSTHETIST/ORTHOTISTS 19 83 11,940.01 143.86 628.42 1.61 .011 .011 PROSTHETICS 19 83 11,940.01 143.86 628.42 1.61 ORTHOTICS 0 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	4	5	108.04	21.61	.001		27.01	.01
SPEECH AND AUDIOLOGY	226	711	30,052.50	42.27	.096		132.98	4.06
HOSPICE SERVICES	12	278	35,474.06	127.60	.038	2	2956.17	4.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	109	9,013	26,749.92	2.97	1.219		245.41	3.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	206	23,474	26,928.07	1.15	3.175		130.72	3.64
@CALIF. CHILDREN SERVICES*	89	3,019	\$ 80,887.97	\$ 26.79	.408	\$	908.85	\$ 10.94
@XOVER EXCLUDING STATE HOSP**	1,114	15,637	\$ 183,185.23	\$ 11.71	2.115	\$	164.44	\$ 24.77

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OR DAYS OF CARE

71,573 ELIGIBLES

12110211 0001111	SOLUTION OF SELLY	1010 1011 1111111111111			MON'	THLY AVERAC	GE
71,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	29,703	167.387 \$	8,870,573.84	\$ 52.99	2.339 \$	298.64	\$ 123.94
@PHYSICIANS SERVICES	13.755	31.294 \$	1.461.778.50	\$ 46.71	.437 \$	106.27	ė 20 42
OUTPATIENT VISITS	11 017	14 907	546 351 80	36 65	208	49.59 39.53 56.30 56.39 42.30 118.50 26.59 212.09 110.22 1225.79 85.85 54.66 57.23 22.22 589.83 716.63 184.73 217.63 149.56	7.63
OFFICE VICITS	7 862	9 962	310,331.00	31 20	130	39 53	4.34
HOME VICITE	7,002	J, JOZ 1	510,000.24	56.20	.137	55.33	.00
HOME AIRTS	2 3 E O	2 649	122 027 05	50.30	.000	50.30	1.86
EMERGENCY ROOM	4,359	∠,648	133,027.05	50.24	.037	50.39	1.80
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	630	1,171	74,657.58	63.76	.016	118.50	1.04
OTHER OUTPATIENT	1,041	1,122	27,683.72	24.67	.016	26.59	.39
INPATIENT VISITS	468	1,417	99,258.58	70.05	.020	212.09	1.39
HOSPITAL VISITS	443	1,081	48,829.58	45.17	.015	110.22	.68
CRITICAL CARE	41	333	50,257.30	150.92	.005	1225.79	.70
SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	73	92	3,990.10	43.37	.001	54.66	.06
EXAMINATIONS	67	85	3,834.58	45.11	.001	57.23	.05
SERVICES AND MATERIALS	7	7	155.52	22.22	.000	22.22	.00
INPATIENT HOSPITAL SURGERY	530	2.225	312.612.06	140.50	. 031	589.83	4.37
PRINCIPAL SURGEON	356	423	255 119 70	603 12	006	716 63	3.56
ASSISTANT SURGEON	65	66	12 007 71	181 94	001	184 73	.17
AMEGRUEGIOI OCI GR	209	1 736	15 181 65	26 20	024	217 63	.64
OTHER THESTOHOGIST	1 126	2,730	160 402 70	70.76	.024	140 E6	2.35
OUIPAILENI SURGERI	1,120	2,300 1,250	100,403.70	100.76	.033	149.56 139.29 132.03 127.32	1.91
PRINCIPAL SURGEON	981	1,25U	130,045.00	109.32	.017	139.29	1.91
ASSISTANT SURGEON	12	12	1,584.32	132.03	.000	132.03	.02
ANESTHESIOLOGIST	237	1,118	30,174.40	26.99	.016	127.32	.42
DIALYSIS	0	0	.00	.00	.000	127.32 .00 20.28 66.58	.00
PATHOLOGY	1,262	1,677	25,587.37	15.26	.023	20.28 66.58 36.41 116.90	.36
RADIOLOGY	2,676	4,184	178,163.51	42.58	.058	66.58	2.49
PSYCHIATRY	125	138	4,551.24	32.98	.002	36.41	.06
IMMUNIZATION AND INJECTION	289	548	33,784.48	61.65	.008	116.90	. 47
OTHER SERVICES/ALL X-OVERS	1,209	3,726	89,075.58	23.91	.052	73.68	1.24
@PHARMACY	15,025	45,873 \$	2,413,237.34	\$ 52.61	.641 \$	36.41 116.90 73.68 160.61	\$ 33.72
PRESCRIPTION DRUGS	14,945	33,737	1,923,330.34	57.01	.471	128.69	26.87
SNF/ICF	. 19	. 77	4.337.98	56.34	.001	228.31	.06
OUTPATIENTS	14.933	33.660	1.918.992.36	57.01	. 470	128.51	26.81
MEDICAL SUPPLIES	334	12 136	489 907 00	40 37	.170	128.51 1466.79	6.84
@DENTIST	4 278	20 672 \$	712 456 93	\$ 34.46	289 \$	166 54	
VICITS - DIACMOSTIC	2 960	12 922	190 516 97	14 74	181	64 36	2 66
ODAI GUDGEDV	527	1 002	54 365 50	50 25	015	101.30	2.00
DRICC	200	252	7 527 50	21 20	.015	26 05	11
DRUGS	14	35Z	1,327.30	21.30	.005	20.03	.11
ANESTHESTA	14	15	1,200.00	80.00	.000	85./I	.02
PERIODONTICS	00	69	9,331.00	135.23	.001	141.38	.13
ENDODONTICS	4 / 8	881	119,711.20	135.88	.012	250.44	1.6/
RESTORATIVE DENTISTRY	1,665	4,737	286,498.38	60.48	.066	172.07	4.00
PROSTHETICS	26	28	650.00	23.21	.000	25.00	.01
DENTURES, STAYPLATES	55	185	19,306.00	104.36	.003	351.02	. 27
SPACE MAINTAINERS	56	71	8,893.00	125.25	.001	158.80	.12
MAXILLOFACIAL SERVICES	8	10	510.89	51.09	.000	63.86	\$ 9.95 2.66 .76 .11 .02 .13 1.67 4.00 .01 .27 .12 .01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	149	174	13,571.49	78.00	.002	91.08	.19
ALL OTHER SERVICES	133	146	375.00	2.57	.002	2.82	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,766
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - FAMILIES				- ,,
	. 22 2220				MON'	THLY AVERAC	GE
71 572 51 76751 56	HOEDO	INITEG OF GERMAN	EXPENDIBLE	ATTERNACE COOR			

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	825	2,330	\$	54,060.43	\$	23.20	.033	\$	65.53	\$.76
DIAGNOSTIC AND ANC. PROCED	616	616		28,434.76		46.16	.009		46.16		.40
EYE APPLIANCES	583	1,678		24,694.16		14.72	.023		42.36		.35
		•									
OTHER OPTOMETRIC SERVICES	29	36		931.51		25.88	.001		32.12		.01
@CHIROPRACTOR	214	358	\$	5,927.24	\$	16.56	.005	\$	27.70	\$.08
VISITS	214	358		5,927.24		16.56	.005		27.70		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	84	143	\$	6,717.39	\$	46.97	.002	Ş	79.97	Ş	.09
MEDICINE/INJECTIONS	63	72		2,567.94		35.67	.001		40.76		.04
SURGERY/ANES.	12	19		2,187.31		115.12	.000		182.28		.03
RADIO./PATHOLOGY	10	12		214.52		17.88	.000		21.45		.00
OTHER	21	40		1,747.62		43.69	.001		83.22		.02
@HOME HEALTH AGENCY	46	6,778	\$	207,343.81	\$	30.59	.095	\$	4507.47	\$	2.90
NURSE ANESTHESIST	1	7	\$	141.18	\$	20.17	.000	\$	141.18	\$.00
NURSE MIDWIFE	10	39	ġ	1,034.54	\$	26.53	.001	\$	103.45	\$.01
PEDIATRIC NURSE PRACTITIONER		0	Ċ.	•	\$.000	- :	.00	Š	.00
			Ş	.00		.00		\$			
FAMILY NURSE PRACTITIONER	4	12	Ş	354.21	\$	29.52	.000	\$	88.55	\$.00
@TOTAL HOSPITAL	5,360	22,803	\$	3,029,736.98	\$	132.87	.319	\$	565.25	\$	42.33
HOSP INPATIENT TOTAL	496	1,917		2,490,159.76		1298.99	.027		5020.48		34.79
HSC HOSPITALS	344	1,318		1,608,333.20		1220.28	.018		4675.39		22.47
		•									
NON-HSC HOSPITAL TOTAL	154	593		881,198.93		1486.00	.008		5722.07		12.31
ACCOMMODATIONS	153	593		334,487.37		564.06	.008		2186.19		4.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	153	593		334,487.37		564.06	.008		2186.19		4.67
ANCILLARIES	154	0		546,711.56		.00	.000		3550.08		7.64
INPATIENT CROSSOVERS	1	6		627.63		104.61	.000		627.63		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,072	20,886		539,577.22		25.83	.292		106.38		7.54
MEDICAL	666	959		45,409.44		47.35	.013		68.18		.63
SURGERY	481	561		21,839.35		38.93	.008		45.40		.31
PATHOLOGY	1,824	7,868		74,700.61		9.49	.110		40.95		1.04
RADIOLOGY	1,267	1,761		109,002.09		61.90	.025		86.03		1.52
ROOM USE	3,806	4,787		182,978.42		38.22	.067		48.08		2.56
CROSSOVERS/ALL OTH OUTPTNT	1,799	4,950		105,647.31		21.34	.069		58.73		1.48
@COUNTY HOSPITAL TOTAL	9	81	\$	39,743.45	\$	490.66	.001	Ġ	4415.94	\$.56
CO HOSPITAL INPATIENT TOTAL	. 1	28	т.	37,856.00	т.	1352.00	.000		37856.00	т.	.53
	1										
HSC HOSPITALS		28		37,856.00		1352.00	.000		37856.00		.53
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	-	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	8	53									
CO HOSP OUTPATIENT TOTAL				1,887.45		35.61	.001		235.93		.03
MEDICAL	3	4		185.19		46.30	.000		61.73		.00
SURGERY	5	6		288.77		48.13	.000		57.75		.00
PATHOLOGY	3	15		284.27		18.95	.000		94.76		.00
	1										
RADIOLOGY	_	1		17.79		17.79	.000		17.79		.00
ROOM USE	7	14		837.28		59.81	.000		119.61		.01
CROSSOVERS/ALL OTH OUTPTNT	5	13		274.15		21.09	.000		54.83		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITION	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRII	DEC	2003	PΖ	AGE 9,767
MOP024	FEE-FOR-SERVICE				010						01/29/04
		•		NIDDY DAMETED							01/29/04
PLACER COUNTY	SUMMAKY OF SERV	VICES FOR MEDICA	ل لايليا	NEEDI - FAMILIES						~-	
							M				
71,573 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,354	22,722	\$	2,989,993.53	\$	131.59	.317		558.46		41.78
	3,331	,	τ.	=,:::,::::	~			7		т	

COMM HOSP INPATIENT TOTAL	495	1,889	2,452,303.76	5	1298.20	.026	4954.15		34.26
HSC HOSPITALS	343	1,290	1,570,477.20)	1217.42	.018	4578.65		21.94
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	154 153	593	881,198.93		1486.00	.008	5722.07		12.31
ACCOMMODATIONS	153	593	334,487.37		564.06	.008	2186.19		4.67
ADMINISTRATIVE DAVS	0	0	.00		.00	.000	.00		.00
TDANCITIONAL TO CARE	0	0	.00		.00	.000	.00		.00
TRANSTITIONAL IP CARE	1.52	_							
ALL OTHER ACCOM	153	593	334,487.37	<i>!</i>	564.06	.008	2186.19		4.67
ANCILLARIES	154	0	546,711.56)	.00	.000	3550.08		7.64
INPATIENT CROSSOVERS	1	6	627.63	3	104.61	.000	627.63		.01
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	5,067	20,833	.00 537,689.77 45,224.25	7	25.81	.291	106.12		7.51
MEDICAL	663	955	45,224.25	5	47.36	.013	68.21		.63
SURGERY	477	0 6 0 20,833 955 555	21,550.58		38.83	.008	45.18		.30
PATHOLOGY	1,822	7,853	74,416.34		9.48	.110	40.84		1.04
RADIOLOGY	1,266	1,760	108,984.30		61.92	.025	86.09		1.52
ROOM USE	3,800	4,773	182,141.14		38.16	.067	47.93		2.54
		4,937	105,373.16		21.34	.069	58.74		1.47
CROSSOVERS/ALL OID OUIPINI	. 1,794	•	-					4	
@STATE HOSPITAL	0		.00			.000		Þ	.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00) .	.00	.000	.00		.00
@NURSING FACILITY	1	5 \$	550.28	3 \$.000		\$.01
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-PEHAB MD	0	0	.00		.00	.000	.00		.00
LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0	.00)	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0	.00)	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00)	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
TEV B-REGIILAR	1	5	550.28		110.06	.000	550.28		.01
@INTERMEDIATE CARE FACIIDD	0	5 0 \$	330.20			.000		Ġ	.00
TOF DOU	0	0	.00		.00	.000	.00	Y	.00
ICE DD	0	0	.00		.00	.000	.00		.00
ICF DD	0	0							
ICF DDN/DDCN	0	0	.00		.00	.000	.00	_	.00
@HEMODIALYSIS TOTAL	4		1,894.75			.000		Ş	.03
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	4	4	1,894.75		473.69	.000	473.69		.03
@REHABILITATION FACILITY	19	39	1,841.23	3 \$	47.21	.001		\$.03
HOSPITAL BASED	19	39	1,841.23	3	47.21	.001	96.91		.03
INDEPENDENT FACILITY	0	7,366 \$.00)	.00	.000	.00		.00
@LABORATORY FACILITY	2,162	7,366	111,248.22	2 \$	15.10	.103	\$ 51.46	\$	1.55
PATHOLOGY	2,162	7,366	111,248.22		15.10	.103	51.46	•	1.55
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC			633,808.60			.082		Ġ	8.86
CLINIC CLINIC	781	2,480	70,295.82		28.35	.035	90.01	Y	.98
		457	12,985.60				175.48		.18
SURGICENTER	74 0		,		28.41	.006			
HEROIN DETOX CLINIC		0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,889	2,912	550,527.18		189.05	.041	291.44	_	7.69
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPOR	RT FOR JAN	2003 THRU D	EC 2003	P	AGE 9,768
MOP024	FEE-FOR-SERVIC								01/29/04
PLACER COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY	NEEDY - FAMILIES						
						MO	NTHLY AVERA	GE	
71,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Z A	VERAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CARE			ER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,156	23,815	228,442.21			.333		\$	3.19
DURABLE MED. EQUIP.	146	382	43,963.25		115.09	.005	301.12	٧	.61
BLOOD BANK	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00				
HEARING AID DISPENSERS						.000	.00		.00
MEDICAL TRANSPORTATION	330	3,657	57,062.41		15.60	.051	172.92		.80
AMBULANCES/AIR TRANS	320	2,833	39,297.83		13.87	.040	122.81		.55
OTHER TRANS	10	815	1,564.58		1.92	.011	156.46		.02
OTHER SERVICES	9	9	16,200.00		1800.00	.000	1800.00		.23
ACUPUNCTURE	7	13	232.48	3	17.88	.000	33.21		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	107	107	10,944.50	102.29	.001	102.29	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	1,248.90	178.41	.000	624.45	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	641	1,380	12,912.29	9.36	.019	20.14	.18
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	76	5,816.57	76.53	.001	116.33	.08
PROSTHETICS	46	71	5,457.98	76.87	.001	118.65	.08
ORTHOTICS	5	5	358.59	71.72	.000	71.72	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	79	145	25,361.66	174.91	.002	321.03	.35
HOSPICE SERVICES	6	144	19,386.72	134.63	.002	3231.12	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	810	3,847	34,145.22	8.88	.054	42.15	.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	52	14,030	17,092.07	1.22	.196	328.69	.24
@CALIF. CHILDREN SERVICES*	287	14,437	\$ 996,444.18	\$ 69.02	.202	\$ 3471.93	\$ 13.92
@XOVER EXCLUDING STATE HOSP**	130	693	\$ 8,262.08	\$ 11.92	.010	\$ 63.55	\$.12

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,769

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLACER COUNTI	SUMMARI OF SER	VICES FOR MEDICALLI	NEEDI - IOIAL				
					MON		
92,213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	46,911	724,840 \$	40,148,399.03	\$ 55.39	7.860 \$		
@PHYSICIANS SERVICES	16,652	42,644 \$	1,870,797.21	\$ 43.87	.462 \$	112.35	\$ 20.29
OUTPATIENT VISITS	11,856	16,237	599,827.95	36.94	.176	50.59	6.50
OFFICE VISITS	8,485	10,876	341,261.76	31.38	.118	40.22	3.70
HOME VISITS	15	19	673.70	35.46	.000	44.91	.01
EMERGENCY ROOM	2,580	2,945	152,908.14	51.92	.032	59.27	1.66
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	630	1,171	74,657.58	63.76	.013	118.50	.81
OTHER OUTPATIENT	1,121	1,223	30,199.86	24.69	.013	26.94	.33
INPATIENT VISITS	745	2,929	160,443.81	54.78	.032	215.36	1.74
HOSPITAL VISITS	653	2,376	98,616.64	41.51	.026	151.02	1.07
CRITICAL CARE	59	389	56,259.40	144.63	.004	953.55	.61
SNF/ICF/TRANS IP CARE	79	164	5,567.77	33.95	.002	70.48	.06
OPHTHALMOLOGICAL SERVICES	112	150	6,507.74	43.38	.002	58.10	.07
EXAMINATIONS	104	141	6,295.76	44.65	.002	60.54	.07
SERVICES AND MATERIALS	9	9	211.98	23.55	.000	23.55	.00
INPATIENT HOSPITAL SURGERY	648	3,035	389,847.50	128.45	.033	601.62	4.23
PRINCIPAL SURGEON	453	618	317,799.25	514.24	.007	701.54	3.45
ASSISTANT SURGEON	75	76	14,550.86	191.46	.001	194.01	.16
ANESTHESIOLOGIST	244	2,341	57,497.39	24.56	.025	235.65	.62
OUTPATIENT SURGERY	1,270	2,746	202,741.97	73.83	.030	159.64	2.20
PRINCIPAL SURGEON	1,100	1,408	164,921.15	117.13	.015	149.93	1.79
ASSISTANT SURGEON	18	18	2,555.59	141.98	.000	141.98	.03
ANESTHESIOLOGIST	270	1,320	35,265.23	26.72	.014	130.61	.38
DIALYSIS	17	74	4,299.16	58.10	.001	252.89	.05
PATHOLOGY	1,374	1,963	34,052.67	17.35	.021	24.78	.37
RADIOLOGY	3,169	5,675	249,404.43	43.95	.062	78.70	2.70
PSYCHIATRY	135	148	4,881.04	32.98	.002	36.16	.05
IMMUNIZATION AND INJECTION	340	968	38,299.69	39.57	.010	112.65	.42
OTHER SERVICES/ALL X-OVERS	3,136	8,719	180,491.25	20.70	.095	57.55	1.96

@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES	29,144 28,916 6,536 22,584 1,463	225,370 104,743 39,212 65,531 120,627	\$ 7,033,396.86 6,436,916.00 1,893,068.41 4,543,847.59 596,480.86	\$ 31.21 61.45 48.28 69.34 4.94	2.444 1.136 .425 .711 1.308	\$ 241.33 222.61 289.64 201.20 407.71	\$ 76.27 69.80 20.53 49.28 6.47
@DENTIST	5,554	25,161	\$ 953,180.98	\$ 37.88	.273	\$ 171.62	\$ 10.34
VISITS - DIAGNOSTIC	3,851	15,466	231,466.97	14.97	.168	60.11	2.51
ORAL SURGERY	711	1,674	79,478.25	47.48	.018	111.78	.86
DRUGS	290	354	7,552.50	21.33	.004	26.04	.08
ANESTHESIA	17	18	1,500.00	83.33	.000	88.24	.02
PERIODONTICS	107	124	17,667.00	142.48	.001	165.11	.19
ENDODONTICS	528	969	138,811.20	143.25	.011	262.90	1.51
RESTORATIVE DENTISTRY	1,912	5,316	339,763.88	63.91	.058	177.70	3.68
PROSTHETICS	34	36	860.00	23.89	.000	25.29	.01
DENTURES, STAYPLATES	274	738	112,060.80	151.84	.008	408.98	1.22
SPACE MAINTAINERS	57	72	8,893.00	123.51	.001	156.02	.10

8 MAXILLOFACIAL SERVICES 10 510.89 51.09 .000 63.86 .01 0 FRACTURES, DISLOCATIONS 0 .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 150 175 13,641.49 77.95 .002 90.94 .15 165 209 4.67 5.91 .01 ALL OTHER SERVICES 975.00 .002 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,770 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLACER COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY NE	EEDY - TOTAL							
							M				
92,213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1,147	3,188	\$	72,546.71	\$	22.76	.035	\$	63.25	\$.79
DIAGNOSTIC AND ANC. PROCED	708	708		32,360.75		45.71	.008		45.71		.35
EYE APPLIANCES	824	2,369		36,590.39		15.45	.026		44.41		.40
OTHER OPTOMETRIC SERVICES	80	111		3,595.57		32.39	.001		44.94		.04
@CHIROPRACTOR	229	381	\$	6,296.35	\$	16.53	.004	\$	27.49	\$.07
VISITS	227	377	•	6,244.92	•	16.56	.004		27.51	•	.07
OTHER SERVICES	2	4		51.43		12.86	.000		25.72		.00
@PODIATRIST	989	1,179	\$		\$.013	Ś	16.22	Ś	.17
MEDICINE/INTECTIONS	69	79	٧	2,803.74	~	35.49	.001	٧	40.63	٧	.03
CIDCEDY / AMEC	13	20		2,204.07		110.20	.000		169.54		.02
PADIO / DATHOLOGY	10	12		214.52		17.88	.000		21.45		.00
OTUFD	920	1,068		10,820.53		10.13	.012		11.76		.12
@HOME HEALTH AGENCY	122	19,664	ċ.		\$	30.13	.213	۲,	4856.45	۲,	6.43
WHOME REALIR AGENCY	122	19,004	\$	140 60	S		.000				
NURSE ANESIHESISI	2	12	\$	148.68	\$	12.39			74.34		.00
NURSE MIDWIFE	10	39	\$ \$	1,034.54		26.53	.000			\$.01
PEDIATRIC NURSE PRACTITIONER	Ū	0	Ş		\$.00	.000	Ş	.00		.00
FAMILY NURSE PRACTITIONER	5	13	\$	436.91	\$	33.61	.000	Ş	87.38		.00
@TOTAL HOSPITAL	6,653	34,403	\$		\$	156.14	.373	Ş	807.38	Ş	58.25
HOSP INPATIENT TOTAL	771	3/2-		4,637,144.03		1174.85	.043		6014.45		50.29
HSC HOSPITALS	457	2,264		2,700,074.84		1192.61	.025		5908.26		29.28
NON-HSC HOSPITAL TOTAL	213	1,133		1,846,092.89		1629.38	.012		8667.10		20.02
ACCOMMODATIONS	211	1,133		648,564.73		572.43	.012		3073.77		7.03
ADMINISTRATIVE DAYS	9	142		32,324.18		227.64	.002		3591.58		.35
TRANSITIONAL IP CARE	6,653 771 457 213 211 9 0 206 213	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	206	991		616,240.55		621.84 .00 165.41	.011		2991.46		6.68
ANCILLARIES	213	0		1,197,528.16		.00	.000		5622.20		12.99
INPATIENT CROSSOVERS	111	550		90,976.30		165.41	.006		819.61		.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 6,162	30,456		734,380.52		24.11	.330		119.18		7.96
MEDICAL	816	1,220		54,870.09		44.98	.013		67.24		.60
SURGERY	535	621		25,659.59		41.32	.007		47.96		.28
PATHOLOGY	2.140	10,490		93,815.00		8.94	.114		43.84		1.02
RADIOLOGY	1,459	2 110		137,242.49		64.77	.023		94.07		1.49
ROOM USE	4,139	5,345		203,927.68		38.15	.058		49.27		2.21
CROSSOVERS/ALL OTH OUTPTNT	•	10,661		218,865.67		20.53	.116		85.03		2.37
@COUNTY HOSPITAL TOTAL	16	161	\$		Ġ			Ġ	7157.40	Ġ	1.24
CO HOSPITAL INPATIENT TOTAL	16 2	83	Ą	112,216.00	Ą	711.29 1352.00 1352.00	.002		56108.00	Ą	1.22
HSC HOSPITALS	2	83		112,216.00		1352.00	.001		56108.00		1.22
NON HOO HOODIENIO EOENI	2	0.5		.00		1352.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0					.00					
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0 0 0 0 0 0 0 0 14 5	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	78		2,302.38		29.52	.001		164.46		.02
MEDICAL	5	6		318.18		53.03	.000		63.64		.00
SURGERY	5	6		288.77		48.13	.000		57.75		.00
PATHOLOGY	5	28		447.92		16.00	.000		89.58		.00

.000 .00 RADIOLOGY 1 1 17.79 17.79 17.79 10 18 969.61 53.87 96.96 ROOM USE .000 .01 8 19 13.69 .00 CROSSOVERS/ALL OTH OUTPTNT 260.11 .000 32.51 PAGE 9,771 01/29/04 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV

MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NI	EEDY - TOTAL							
							N	CNON	THLY AVERA	GE	
92,213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,642	34,242 \$		5,257,006.17	\$	153.53	.371	\$	791.48	\$	57.01
COMM HOSP INPATIENT TOTAL	769	3,864		4,524,928.03		1171.05	.042		5884.17		49.07
HSC HOSPITALS	455	2,181		2,587,858.84		1186.55	.024		5687.60		28.06
NON-HSC HOSPITALS TOTAL	213	1,133		1,846,092.89		1629.38	.012		8667.10		20.02
ACCOMMODATIONS	211	1,133		648,564.73		572.43	.012		3073.77		7.03
ADMINISTRATIVE DAYS	9	142		32,324.18		227.64	.002		3591.58		.35
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	206	991		616,240.55		621.84	.011		2991.46		6.68
ANCILLARIES	213	0		1,197,528.16		.00	.000		5622.20		12.99
INPATIENT CROSSOVERS	111	550		90,976.30		165.41	.006		819.61		.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,152	30,378		732,078.14		24.10	.329		119.00		7.94
MEDICAL	811	1,214		54,551.91		44.94	.013		67.26		.59
SURGERY	531	615		25,370.82		41.25	.013		47.78		.28
PATHOLOGY	2,136	10,462		93,367.08		8.92	.113		43.71		1.01
RADIOLOGY	1,458	2,118		137,224.70		64.79	.023		94.12		1.49
ROOM USE	4,131	5,327		202,958.07		38.10	.058		49.13		2.20
		•					.115		85.19		2.20
CROSSOVERS/ALL OTH OUTPTNT	2,500	10,642		218,605.56	d	20.54 439.02	.004	٠,		4	2.37 1.74
@STATE HOSPITAL	0	365 \$ 0		160,243.76	\$.004	Þ	13353.65	Þ	.00
MENTALLY ILL	12	_		.00		.00 439.02	.004		13353.65		1.74
DEVELOP. DISABLED		365		160,243.76	à			4		4	
@NURSING FACILITY	6,733	218,514 \$		20,454,405.47	\$	93.61	2.370	Ş	3037.93	Ş	221.82
LEV A-INTERMEDIATE	243	7,786		382,508.61		49.13	.084		1574.11		4.15
LEV B-REHAB MD	24	728		70,323.91		96.60	.008		2930.16		.76
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	23	866		434,880.21		502.17	.009		18907.84		4.72
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,453	209,134		19,566,692.74	_	93.56	2.268		3032.19	_	212.19
@INTERMEDIATE CARE FACILDD	305	9,143 \$		1,412,877.25	\$	154.53	.099	\$	4632.38	\$	15.32
ICF DDH	98	2,962		389,950.54		131.65	.032		3979.09		4.23
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	207	6,181		1,022,926.71	_	165.50	.067		4941.67	_	11.09
@HEMODIALYSIS TOTAL	154	1,207 \$		97,529.20	\$	80.80	.013	\$		Ş	1.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	154	1,207		97,529.20		80.80	.013	4.	633.31	4.	1.06
@REHABILITATION FACILITY	25	64 \$		2,687.49	\$	41.99	.001	\$	107.50	\$.03
HOSPITAL BASED	25	64		2,687.49		41.99	.001		107.50		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,534	9,196 \$		139,501.89	\$	15.17	.100	\$	55.05	\$	1.51
PATHOLOGY	2,519	9,160		139,350.10		15.21	.099		55.32		1.51
XO AND OTHERS	15	36		151.79		4.22	.000		10.12		.00
@ORGANIZED OUTPATIENT CLINIC	3,444	7,371 \$		827,015.81	\$	112.20	.080	\$	240.13	\$	8.97
CLINIC	821	2,567		72,586.30		28.28	.028		88.41		.79
SURGICENTER	114	572		19,772.21		34.57	.006		173.44		.21
HEROIN DETOX CLINIC	3	47		549.65		11.69	.001		183.22		.01
RURAL HEALTH CLINIC	2,537	4,185		734,107.65		175.41	.045		289.36		7.96
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MC	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003]	PAGE 9,772
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
DI ACED COTTITUE	CITACA DIL OF CEDIT		3.77	DEDIT MOMET							

92,213 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PLACER COUNTY

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,576	126,926 \$	1,136,245.86	\$ 8.95	1.376	\$ 248.31	\$ 12.32
DURABLE MED. EQUIP.	474	2,666	244,994.76	91.90	.029	516.87	2.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	5,710.35	407.88	.000	475.86	.06
MEDICAL TRANSPORTATION	1,098	41,397	213,458.29	5.16	.449	194.41	2.31
AMBULANCES/AIR TRANS	468	5,133	67,733.12	13.20	.056	144.73	.73
OTHER TRANS	616	35,925	115,725.98	3.22	.390	187.87	1.25
OTHER SERVICES	42	339	29,999.19	88.49	.004	714.27	.33
ACUPUNCTURE	8	14	259.51	18.54	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	171	2,441	168,802.83	69.15	.026	987.15	1.83
GENETIC DISEASE TESTING	107	107	10,944.50	102.29	.001	102.29	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	54	3,284	110,637.44	33.69	.036	2048.84	1.20
OCCUPATIONAL THERAPIST	3	58	260.42	4.49	.001	86.81	.00
OPTICIAN	936	2,060	21,367.62	10.37	.022	22.83	.23
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	124	234	1,143.75	4.89	.003	9.22	.01
PROSTHETIST/ORTHOTISTS	78	171	18,272.57	106.86	.002	234.26	.20
PROSTHETICS	74	166	17,913.98	107.92	.002	242.08	.19
ORTHOTICS	5	5	358.59	71.72	.000	71.72	.00
PSYCHOLOGIST	25	26	296.03	11.39	.000	11.84	.00
SPEECH AND AUDIOLOGY	375	982	65,120.78	66.31	.011	173.66	.71
HOSPICE SERVICES	55	1,433	155,221.63	108.32	.016	2822.21	1.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	919	12,860	60,895.14	4.74	.139	66.26	.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	460	59,152	58,584.10	.99	.641	127.36	.64
@CALIF. CHILDREN SERVICES*	378	17,459 \$	1,077,409.35	\$ 61.71		\$ 2850.29	\$ 11.68
@XOVER EXCLUDING STATE HOSP**	3,721	48,014 \$	541,364.90	\$ 11.28	.521	\$ 145.49	\$ 5.87

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,773 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----7,730 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,422 52,459 978,224.83 \$ 18.65 6.786 \$ 285.86 \$ 126.55 @PHYSICIANS SERVICES 1,374 2,900 142,023.58 48.97 .375 \$ 103.37 \$ 18.37 OUTPATIENT VISITS 1,096 1,491 56,495.61 37.89 .193 51.55 7.31 40.63 OFFICE VISITS 765 927 31,083.62 33.53 .120 4.02 HOME VISITS 6 6 224.52 37.42 .001 37.42 .03 241 277 13,583.14 49.04 .036 1.76 EMERGENCY ROOM 56.36 34.69 .000 PREVENTIVE CARE 34.69 34.69 .00 OB VISITS/COMPRE PERI 75 187 8,958.03 47.90 .024 119.44 1.16 89 93 28.08 29.34 OTHER OUTPATIENT 2,611.61 .012 .34 67 .030 INPATIENT VISITS 234 17,185.76 73.44 256.50 2.22 HOSPITAL VISITS 61 130 5,926.83 45.59 .017 97.16 .77 108.26 11 11,258.93 1023.54 CRITICAL CARE 104 .013 1.46 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 0 OPHTHALMOLOGICAL SERVICES 14 15 602.18 40.15 .002 43.01 .08 **EXAMINATIONS** 14 15 602.18 40.15 .002 43.01 .08 0 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 54 220 31,025.90 141.03 .028 574.55 4.01 PRINCIPAL SURGEON 41 45 26,296.10 584.36 .006 641.37 3.40 5 1,028.20 205.64 ASSISTANT SURGEON 6 171.37 .001 .13 ANESTHESIOLOGIST 17 169 3,701.60 21.90 .022 217.74 .48

OUTPATIENT SURGERY	99	196	12,163.8	1	62.06	.025	122.87		1.57
PRINCIPAL SURGEON	79	100	9,451.0	5	94.51	.013	119.63		1.22
ASSISTANT SURGEON	2	2	186.1	6	93.08	.000	93.08		.02
ANESTHESIOLOGIST	21	94	2,526.6	0	26.88	.012	120.31		.33
DIALYSIS	0	0	.0	0	.00	.000	.00		.00
PATHOLOGY	120	164	1,930.2	3	11.77	.021	16.09		.25
RADIOLOGY	258	363	14,764.2	4	40.67	.047	57.23		1.91
PSYCHIATRY	4	5	164.9	0	32.98	.001	41.23		.02
IMMUNIZATION AND INJECTION	24	41	1,169.6	6	28.53	.005	48.74		.15
OTHER SERVICES/ALL X-OVERS	92	171	6,521.2	9	38.14	.022	70.88		.84
@PHARMACY	1,636	11,155 \$	221,731.9	3 \$	19.88	1.443 \$	135.53	\$	28.68
PRESCRIPTION DRUGS	1,628	3,414	214,520.0	0	62.84	.442	131.77		27.75
SNF/ICF	4	20	1,743.9	9	87.20	.003	436.00		.23
OUTPATIENTS	1,626	3,394	212,776.0	1	62.69	.439	130.86		27.53
MEDICAL SUPPLIES	47	7,741	7,211.9	3	.93	1.001	153.45		.93
@DENTIST	387	1,900 \$	61,489.9	4 \$	32.36	.246 \$	158.89	\$	7.95
VISITS - DIAGNOSTIC	299	1,266	20,287.1	9	16.02	.164	67.85		2.62
ORAL SURGERY	39	68	4,294.0	0	63.15	.009	110.10		.56
DRUGS	22	28	575.0	0	20.54	.004	26.14		.07
ANESTHESIA	2	2	200.0	0	100.00	.000	100.00		.03
PERIODONTICS	3	3	318.0	0	106.00	.000	106.00		.04
ENDODONTICS	25	39	6,141.0	0	157.46	.005	245.64		.79
RESTORATIVE DENTISTRY	143	452	28,630.7	5	63.34	.058	200.22		3.70
PROSTHETICS	0	0	.0	0	.00	.000	.00		.00
DENTURES, STAYPLATES	1	4	219.0	0	54.75	.001	219.00		.03
SPACE MAINTAINERS	0	1	120.0	0	120.00	.000	.00		.02
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000	.00		.00
ORTHODONTIC SERVICES	12	14	630.0	0	45.00	.002	52.50		.08
ALL OTHER SERVICES	13	23	75.0	0	3.26	.003	5.77		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DE	C 2003	PAC	GE 9,774
MOP024	FEE-FOR-SERVICE/DENT	AL							01/29/04

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							M	TNO	HLY AVERA	GΕ	
7,730 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	EΕ		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	103	273	\$	6,454.05	\$	23.64	.035	\$	62.66	\$.83
DIAGNOSTIC AND ANC. PROCED	84	85		3,819.04		44.93	.011		45.46		.49
EYE APPLIANCES	65	187		2,623.60		14.03	.024		40.36		.34
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	10	16	\$	267.52	\$	16.72	.002	\$	26.75	\$.03
VISITS	10	16		267.52		16.72	.002		26.75		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	12	25	\$	951.01	\$	38.04	.003	\$	79.25	\$.12
MEDICINE/INJECTIONS	12	16		489.65		30.60	.002		40.80		.06
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000		25.95		.01
OTHER	3	6		409.46		68.24	.001		136.49		.05
@HOME HEALTH AGENCY	9	1,392	\$	44,983.81	\$	32.32	.180	\$	4998.20	\$	5.82
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	5	\$	201.02	\$	40.20	.001	\$	100.51	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	541	2,238	\$	336,241.73	\$	150.24	.290	\$	621.52	\$	43.50
HOSP INPATIENT TOTAL	44	232		290,420.24		1251.81	.030		6600.46		37.57
HSC HOSPITALS	29	165		224,953.28		1363.35	.021		7757.01		29.10
NON-HSC HOSPITAL TOTAL	16	67		65,466.96		977.12	.009		4091.69		8.47
ACCOMMODATIONS	16	67		33,141.49		494.65	.009		2071.34		4.29
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.001		2313.00		.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PLACER COUNTY

ALL OTHER ACCOM	15	57	30,828.49	540.85	.007	2055.23	3.99
ANCILLARIES	16	0	32,325.47	.00	.000	2020.34	4.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	513	2,006	45,821.49	22.84	.260	89.32	5.93
MEDICAL	63	83	3,136.40	37.79	.011	49.78	.41
SURGERY	41	45	1,547.20	34.38	.006	37.74	.20
PATHOLOGY	183	781	8,682.44	11.12	.101	47.45	1.12
RADIOLOGY	124	150	7,874.73	52.50	.019	63.51	1.02
ROOM USE	395	485	17,892.34	36.89	.063	45.30	2.31
CROSSOVERS/ALL OTH OUTPTNT	185	462	6,688.38	14.48	.060	36.15	.87
@COUNTY HOSPITAL TOTAL	2	3	\$ 162.30	\$ 54.10	.000	\$ 81.15	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

		_							
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		162.30	54.10	.000	81.15		.02
MEDICAL	1	1		91.32	91.32	.000	91.32		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	2		70.98	35.49	.000	35.49		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R				P.	AGE 9,775
MOP024	FEE-FOR-SERVICE			31.111 01 111111111111111111111111111111		2000 111110 1	20 2000		01/29/04
PLACER COUNTY			30 SOC	C 03 04 2A 45 4A	4K 4M 5K 7T 8	2 8E 8W			01/25/01
TEMBER COUNTY	BOILING OF BEILT	TODO TOR THE		3 03 01 211 13 111	110 111 510 71 0		NTHLY AVERA	GE -	
7,730 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COS	T UNITS/DAYS			COST PER
7,700 22101222	0,0211,0	OR DAYS OF CAR			PER UNIT/DA		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	539	2,235	\$	336,079.43	\$ 150.37	.289			43.48
COMM HOSP INPATIENT TOTAL	44	232	٧	290,420.24	1251.81	.030	6600.46	٧	37.57
HSC HOSPITALS	29	165		224,953.28	1363.35	.021	7757.01		29.10
NON-HSC HOSPITALS TOTAL	16	67		65,466.96	977.12	.009	4091.69		8.47
ACCOMMODATIONS	16	67		33,141.49	494.65	.009	2071.34		4.29
ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.001	2313.00		.30
	0	0		2,313.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	15	57		30,828.49	540.85	.007	2055.23		3.99
	16	0		32,325.47	.00	.000	2020.34		4.18
ANCILLARIES	0	0		•					
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	•	_		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	511	2,003		45,659.19	22.80	. 259	89.35		5.91
MEDICAL	62	82		3,045.08	37.14	.011	49.11		.39
SURGERY	41	45		1,547.20	34.38	.006	37.74		.20
PATHOLOGY	183	781		8,682.44	11.12	.101	47.45		1.12
RADIOLOGY	124	150		7,874.73	52.50	.019	63.51		1.02
ROOM USE	393	483		17,821.36	36.90	.062	45.35		2.31
CROSSOVERS/ALL OTH OUTPTNT		462		6,688.38	14.48	.060	36.15		.87
@STATE HOSPITAL	1	61	\$	21,445.91	\$ 351.57			\$	2.77
MENTALLY ILL	1	61		21,445.91	351.57	.008	21445.91		2.77
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00			\$.00
HOSDITAL BASED	0	0	•	0.0	0.0	000	00	•	0.0

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HEMODIALYSIS CENTER

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44.93

44.93

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1.36

1.36

.00

@ORGANIZED OUTPATIENT CLINIC	419	772 \$	71,046.90	\$ 92.03	.100 \$	169.56	\$ 9.19
CLINIC	196	422	14,000.32	33.18	.055	71.43	1.81
SURGICENTER	5	26	809.78	31.15	.003	161.96	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	224	324	56,236.80	173.57	.042	251.06	7.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JA	N 2003 THRU DEG	2003	PAGE 9,776
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K 7T	82 8E 8W		

----- MONTHLY AVERAGE -----

7,730 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE
OR DAYS 7,730 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,777 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

						MOI	ITHLY AVERA	GE
65 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE]		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	145	870	\$	102,442.89	\$ 117.75	13.385	706.50	\$ 1576.04
@PHYSICIANS SERVICES	77	388	\$	20,224.57	\$ 52.13	5.969	262.66	\$ 311.15
OUTPATIENT VISITS	35	39		1,930.58	49.50	.600	55.16	29.70
OFFICE VISITS	7	7		289.48	41.35	.108	41.35	4.45
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	27	31		1,611.16	51.97	.477	59.67	24.79
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		29.94	29.94	.015	29.94	.46
INPATIENT VISITS	12	74		4,414.53	59.66	1.138	367.88	67.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	12	53		2,117.71		39.96	.815		176.48		32.58
CRITICAL CARE	3	21		2,296.82		109.37	.323		765.61		35.34
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	14	58		4,449.34		76.71	.892		317.81		68.45
PRINCIPAL SURGEON	10	14		2,997.64		214.12	.215		299.76		46.12
ASSISTANT SURGEON	1	1		186.50		186.50	.015		186.50		2.87
ANESTHESIOLOGIST	6	43		1,265.20		29.42	.662		210.87		19.46
OUTPATIENT SURGERY	0	18		1,677.26		93.18	.277		209.66		25.80
	6	7									
PRINCIPAL SURGEON	5	1		1,341.77		191.68	.108		268.35		20.64
ASSISTANT SURGEON	1			68.88		68.88	.015		68.88		1.06
ANESTHESIOLOGIST	2	10		266.61		26.66	.154		133.31		4.10
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	33		1,664.10		50.43	.508		237.73		25.60
RADIOLOGY	34	147		5,268.80		35.84	2.262		154.96		81.06
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	19		819.96		43.16	.292		82.00		12.61
@PHARMACY	11	25	\$	1,260.18	\$	50.41	.385	\$	114.56	\$	19.39
PRESCRIPTION DRUGS	11	25		1,260.18		50.41	.385		114.56		19.39
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	11	25		1,260.18		50.41	.385		114.56		19.39
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	19	86	\$	1,233.00	\$	14.34	1.323	\$	64.89	\$	18.97
VISITS - DIAGNOSTIC	10	46		367.00	•	7.98	.708		36.70	•	5.65
ORAL SURGERY	2	4		45.00		11.25	.062		22.50		.69
DRUGS	2	2		.00		.00	.031		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	2		.00		.00	.031		.00		.00
RESTORATIVE DENTISTRY	<u> </u>	23		473.00		20.57	.354		78.83		7.28
	0	0		.00		.00			.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	1									
SPACE MAINTAINERS	1	1		200.00		200.00	.015		200.00		3.08
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U	Ō		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	5		148.00		29.60	.077		37.00		2.28
ALL OTHER SERVICES	2	3		.00		.00	.046	~	.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU I	DEC	2003	P	AGE 9,778
MOP024	FEE-FOR-SERVICE/										01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MIC -	SOC			AID CODE					
							MC				
65 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS OF CAR	E				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	74.30	\$	18.58	.062	\$		\$	1.14
DIAGNOSTIC AND ANC. PROCED	1	1		37.45		37.45	.015		37.45		.58
EYE APPLIANCES	1	3		36.85		12.28	.046		36.85		.57
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	Ö	*	.00		.00	.000		.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00		.00
1.0100 1110010101	Ŭ	0	₩.	.00	~	.00	.000	٧	.00	4	.00

HOSPITAL VISITS

12 3 0

53

2,117.71 2,296.82

39.96

.815

176.48

32.58

NURSE MIDWIFE	0		.00		.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0 54 11 8	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54	274	74,236.67	'\$	270.94	4.215	\$ 1374.75	\$	1142.10
HOSP INPATIENT TOTAL	11	63	68,161.99)	1081.94	.969	6196.54		1048.65
HSC HOSPITALS	8	54	61,508.40		1139.04	.831	7688.55		946.28
NON-HSC HOSPITAL TOTAL	3	9	6,653.59		739.29	.138	2217.86		102.36
ACCOMMODATIONS	3	Ō	2 200 15		357.79	.138	1073.38		49.54
ADMINICEDATIVE DAVC	0	Ó	.00		.00	.000	.00		.00
TRANSITIONAL TO CARE	0	Õ	.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	9	3,220.15		357.79	.138	1073.38		49.54
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	3	0 0 9 0 0	3,433.44		.00	.000	1144.48		52.82
ANCILLARIES	3	0	3,433.44						
INPATIENT CROSSOVERS	0	U	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	44	211	6,074.68		28.79	3.246	138.06		93.46
MEDICAL	8	11	998.95		90.81	.169	124.87		15.37
SURGERY	8	8	218.84		27.36	.123	27.36		3.37
PATHOLOGY	19	69	592.04		8.58	1.062	31.16		9.11
RADIOLOGY	8 8 19 26	38	2,530.13		66.58	.585	97.31		38.93
ROOM USE	3 /	50	1,319.74		26.39	.769	35.67		20.30
CROSSOVERS/ALL OTH OUTPTNT	20	35	414.98		11.86	.538	20.75		6.38
@COUNTY HOSPITAL TOTAL	1		40,458.00	\$	1305.10	.477	\$ 40458.00	\$	622.43
CO HOSPITAL INPATIENT TOTAL	1	31	40,458.00)	1305.10	.477	40458.00		622.43
HSC HOSPITALS	1	31	40,458.00)	1305.10	.477	40458.00		622.43
NON-HSC HOSPITALS TOTAL	0	0	.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	Ö	.00		.00	.000	.00		.00
ALL OTHER INPATTENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	Ô	.00		.00	.000	.00		.00
MEDICAL	0	Õ	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV								Ъ	.00 AGE 9,779
MOP024	FEE-FOR-SERVICE/		5 MONTH-OF-PAIMENT	KEPOKI	FOR UAN .	2003 IRKU D	EC 2003	Ρ.	01/29/04
PLACER COUNTY		CES FOR MIC - SO	7		AID CODE	0.2			01/29/04
PLACER COUNTY	SUMMARI OF SERVI	LES FOR MIC - SOC	-		AID CODE		NTHLY AVERA	C E	
65 ELIGIBLES	HCEBC	UNITS OF SERVICE	EXPENDITURES	7,770		UNITS/DAYS			COST PER
02 FILGIPIES		OR DAYS OF CARE	EXPENDITORES			PER ELIG	USER		ELIGIBLE
	53 10		33,778.67		139.01	3.738			
@COMMUNITY HOSPITAL TOTAL	10							Ą	
COMM HOSP INPATIENT TOTAL	10	32	27,703.99		865.75	.492	2770.40		426.22
HSC HOSPITALS	7	23	21,050.40		915.23	.354	3007.20		323.85
NON-HSC HOSPITALS TOTAL	3		6,653.59		739.29	.138	2217.86		102.36
ACCOMMODATIONS	3	9	3,220.15		357.79	.138	1073.38		49.54
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	9	3,220.15		357.79	.138	1073.38		49.54
ANCILLARIES	3	0	3,433.44		.00	.000	1144.48		52.82
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	44	211	6,074.68		28.79	3.246	138.06		93.46
MEDICAL	8	11	998.95		90.81	.169	124.87		15.37
SURGERY	8	8	218.84		27.36	.123	27.36		3.37
PATHOLOGY	19	69	592.04		8.58	1.062	31.16		9.11

RADIOLOGY	26	38	2,530.13	66.58	.585	97.31	38.93
ROOM USE	37	50	1,319.74	26.39	.769	35.67	20.30
CROSSOVERS/ALL OTH OUTPTNT	20	35	414.98	11.86	.538	20.75	6.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	2	3 \$	68.66	\$ 22.89	.046 \$	34.33	\$	1.06
PATHOLOGY	2	3	68.66	22.89	.046	34.33		1.06
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5 \$	412.83	\$ 82.57	.077 \$	137.61	\$	6.35
CLINIC	1	3	47.35	15.78	.046	47.35		.73
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2	365.48	182.74	.031	182.74		5.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGI	9,780
MOP024	FEE-FOR-SERVICE,	DENTAL					(01/29/04
PLACER COUNTY	SUMMARY OF SERV	CES FOR MIC - SOC		AID COD	E 83			
					MON	THLY AVERA	GE	
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	12	85 \$	4,932.68	\$ 58.03	1.308 \$	411.06	\$	75.89
DURABLE MED. EQUIP.	1	1	15.99	15.99	.015	15.99		.25
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	10	82	4,900.05	59.76	1.262	490.01		75.39
AMBULANCES/AIR TRANS	10	80	1,300.05	16.25	1.231	130.01		20.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	2	2	3,600.00	1800.00	.031	1800.00		55.38
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	1	2	16.64	8.32	.031	16.64		.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	3	56 \$	42,658.08	\$ 761.75	.862 \$	14219.36	\$ 6	556.28
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$		\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION ITEM (ONLY;					
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE API	PROPRIATE DETAIL LINES	S ABOVE.					
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003		9,781
MOP024	FEE-FOR-SERVICE						(01/29/04
PLACER COUNTY	SUMMARY OF SERV	CES FOR MEDICALLY IN	NDIGENT - CHILDRE	N - TOTAL				
B B05					MON		-	
7 795 ELIGIBLES	HSERS	INITS OF SERVICE	F:X P F:NDTTIRES	AVERAGE COS	T UNITES/DAYS	COST PER	COS	CT PER

^{7,795} ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	3,567	53,329 \$	1	080,667.72	\$	20.26	6.841	Ś	302.96	\$	138.64
@PHYSICIANS SERVICES	1,451	3,288 \$		162,248.15	\$	49.35	.422		111.82	\$	20.81
				58,426.19	Ą		.196	Ą		Ą	
OUTPATIENT VISITS	1,131	1,530				38.19			51.66		7.50
OFFICE VISITS	772	934		31,373.10		33.59	.120		40.64		4.02
HOME VISITS	6	6		224.52		37.42	.001		37.42		.03
EMERGENCY ROOM	268	308		15,194.30		49.33	.040		56.70		1.95
PREVENTIVE CARE	1	1		34.69		34.69	.000		34.69		.00
OB VISITS/COMPRE PERI	75	187		8,958.03		47.90	.024		119.44		1.15
	90										.34
OTHER OUTPATIENT		94		2,641.55		28.10	.012		29.35		
INPATIENT VISITS	79	308		21,600.29		70.13	.040		273.42		2.77
HOSPITAL VISITS	73	183		8,044.54		43.96	.023		110.20		1.03
CRITICAL CARE	14	125		13,555.75		108.45	.016		968.27		1.74
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	14	15		602.18		40.15	.002		43.01		.08
EXAMINATIONS	14	15		602.18		40.15	.002		43.01		
											.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	68	278		35,475.24		127.61	.036		521.69		4.55
PRINCIPAL SURGEON	51	59		29,293.74		496.50	.008		574.39		3.76
ASSISTANT SURGEON	6	7		1,214.70		173.53	.001		202.45		.16
ANESTHESIOLOGIST	23	212		4,966.80		23.43	.027		215.95		.64
OUTPATIENT SURGERY	107	214		13,841.07		64.68	.027		129.36		1.78
PRINCIPAL SURGEON	84	107		10,792.82		100.87	.014		128.49		1.38
ASSISTANT SURGEON	3	3		255.04		85.01	.000		85.01		.03
ANESTHESIOLOGIST	23	104		2,793.21		26.86	.013		121.44		.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	127	197		3,594.33		18.25	.025		28.30		.46
RADIOLOGY	292	510		20,033.04		39.28	.065		68.61		2.57
	4	5									
PSYCHIATRY				164.90		32.98	.001		41.23		.02
IMMUNIZATION AND INJECTION	24	41		1,169.66		28.53	.005		48.74		.15
OTHER SERVICES/ALL X-OVERS	102	190		7,341.25		38.64	.024		71.97		.94
@PHARMACY	1,647	11,180 \$		222,992.11	\$	19.95	1.434	\$	135.39	\$	28.61
PRESCRIPTION DRUGS	1,639	3,439		215,780.18		62.75	.441		131.65		27.68
SNF/ICF	4	20		1,743.99		87.20	.003		436.00		. 22
OUTPATIENTS	1,637	3,419		214,036.19		62.60	.439		130.75		27.46
MEDICAL SUPPLIES	47	7,741		7,211.93	_	.93	.993		153.45		.93
@DENTIST	406	1,986 \$			\$	31.58	.255	Ş	154.49	Ş	8.05
VISITS - DIAGNOSTIC	309	1,312		20,654.19		15.74	.168		66.84		2.65
ORAL SURGERY	41	72		4,339.00		60.26	.009		105.83		.56
DRUGS	24	30		575.00		19.17	.004		23.96		.07
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	3	3		318.00		106.00	.000		106.00		.04
	26	41		6,141.00		149.78	.005		236.19		.79
ENDODONTICS											
RESTORATIVE DENTISTRY	149	475		29,103.75		61.27	.061		195.33		3.73
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	4		219.00		54.75	.001		219.00		.03
SPACE MAINTAINERS	1	2		320.00		160.00	.000		320.00		.04
MAXILLOFACIAL SERVICES	0	2 0 0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	16	19		778.00		40.95	.002		48.63		.10
ALL OTHER SERVICES	15	26		75.00		2.88	.003		5.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURES	MONTH-C	F-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,782
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGEN	T - CHILDREN	И –	TOTAL					
							M	ONT	HLY AVERA	GE	
7,795 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	Δ17	ERAGE COST					COST PER
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ODLIND		1123						USER		ELIGIBLE
eodmowerd I cm	105	OR DAYS OF CARE		C F00 3F		R UNIT/DAY					
@OPTOMETRIST	105	277 \$		6,528.35	\$	23.57	.036	Ş	62.17	\$.84
DIAGNOSTIC AND ANC. PROCED	85	86		3,856.49		44.84	.011		45.37		. 49
EYE APPLIANCES	66	190		2,660.45		14.00	.024		40.31		.34
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41		.00
OTHER OFFOREINE DERIVEDED											

@CHIROPRACTOR	10	16	\$	267.52	\$	16.72	.002	\$ 26.75	Ġ	.03
VISITS	10	16	•	267.52		16.72	.002	26.75		.03
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	12	25	\$	951.01	\$	38.04	.003		\$.12
MEDICINE/INJECTIONS	12	16	•	489.65	•	30.60	.002	40.80		.06
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000	25.95		.01
OTHER	3	6		409.46		68.24	.001	136.49		.05
@HOME HEALTH AGENCY	9	1,392	Ś	44,983.81	\$	32.32	.179		\$	5.77
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000		\$.00
NURSE MIDWIFE	2	5	Ŝ	201.02	\$	40.20		\$ 100.51	\$.03
PEDIATRIC NURSE PRACTITIONER		0	Š	.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Š	.00		\$.00	\$.00
@TOTAL HOSPITAL	595	2,512	\$	410,478.40	Š	163.41	.322			52.66
HOSP INPATIENT TOTAL	55	295	Y	358,582.23	Ÿ	1215.53	.038	6519.68	Ÿ	46.00
HSC HOSPITALS	37	219		286,461.68		1308.04	.028	7742.21		36.75
NON-HSC HOSPITAL TOTAL	19	76		72,120.55		948.95	.010	3795.82		9.25
ACCOMMODATIONS	19	76 76		36,361.64		478.44	.010	1913.77		4.66
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.001	2313.00		.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	18	66		34,048.64		515.89	.008	1891.59		4.37
ANCILLARIES	19	0		35,758.91		.00	.000	1882.05		4.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	557	2,217		51,896.17		23.41	.284	93.17		6.66
MEDICAL MEDICAL	71	94		4,135.35		43.99	.012	58.24		.53
SURGERY	49	53		1,766.04		33.32	.012	36.04		. 23
PATHOLOGY	202	850		9,274.48		10.91	.109	45.91		1.19
RADIOLOGY	150	188		10,404.86		55.35	.024	69.37		1.33
ROOM USE	432	535		19,212.08		35.35	.069	44.47		2.46
		497		7,103.36		14.29		34.65		.91
CROSSOVERS/ALL OTH OUTPTNT	205 3	34	\$	40,620.30	۲,	14.29	.064	\$ 13540.10	۲,	5.21
@COUNTY HOSPITAL TOTAL		34	Ą	40,458.00	Þ	1305.10		40458.00	Ą	5.21
CO HOSPITAL INPATIENT TOTAL	1	31				1305.10	.004	40458.00		5.19
HSC HOSPITALS	0	0		40,458.00		.00	.004	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		162.30		54.10	.000	81.15		.02
	∠ 1			91.32		91.32	.000	91.32		.02
MEDICAL SURGERY	0	1		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	2	2		70.98		35.49	.000	35.49		.01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
			מ מתם	.00 MONTH-OF-PAYMENT RI	E D O D				D.7	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		KES I	MONTH-OF-PAIMENT R.	EPUR	I FOR JAN	2003 IRKU D.	EC 2003	PF	AGE 9,783 01/29/04
			TTV	INDIGENT - CHILDRE	NT	TOTAT				01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	ـ لابانا	INDIGENI - CHILDRE	1/ -	IOIAL	MO	NTHLY AVERA	C E	
7,795 ELIGIBLES	USERS	UNITS OF SERVICE	F	EXPENDITURES	7.7.7	TPACE COST	UNITS/DAYS			COST PER
7,793 ЕПІСІВЦЕЗ	USERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY		USER		CLIGIBLE
@COMMUNITY HOSPITAL TOTAL	592	2,478	\$	369,858.10	\$.318			47.45
COMM HOSP INPATIENT TOTAL	54	2,478	Ą	318,124.23	Ą	1205.02	.034	5891.19	ų	40.81
HSC HOSPITALS	36	188		246,003.68		1308.53	.024	6833.44		31.56
NON-HSC HOSPITALS TOTAL	19	76		72,120.55		948.95	.010	3795.82		9.25
ACCOMMODATIONS	19	76 76		36,361.64		478.44	.010	1913.77		4.66
ACCOLII-IODAT TOND	± 2	70		30,301.04		1/0.11	.010	1/13.11		4.00

ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.001		2313.00		.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	18	66		34,048.64		515.89	.008		1891.59		4.37
ALL OTHER ACCOM											
ANCILLARIES	19	0		35,758.91		.00	.000		1882.05		4.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	555	2,214		51,733.87		23.37	.284		93.21		6.64
MEDICAL	70	93		4,044.03		43.48	.012		57.77		.52
SURGERY	49	53		1,766.04		33.32	.007		36.04		.23
PATHOLOGY	202	850		9,274.48		10.91	.109		45.91		1.19
RADIOLOGY	150	188		10,404.86		55.35	.024		69.37		1.33
ROOM USE	430	533		19,141.10		35.91	.068		44.51		2.46
CROSSOVERS/ALL OTH OUTPTNT		497		7,103.36		14.29	.064		34.65		.91
@STATE HOSPITAL	1	61	\$	21,445.91	\$	351.57	.008	\$	21445.91	\$	2.75
MENTALLY ILL	1	61		21,445.91		351.57	.008		21445.91		2.75
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0		Ψ	.00	τ.	.00	.000	Ψ.	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
	0	0									.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000				
	0	0							.00		.00
@HEMODIALYSIS TOTAL	U		\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	236		\$	10,582.68	\$	15.47	.088	Ġ	44.84	Ċ	1.36
PATHOLOGY	236	684	Y	10,582.68	Ÿ	15.47	.088	Y	44.84	Ų	1.36
	0										
XO AND OTHERS		0	_	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	422		\$	71,459.73	\$	91.97	.100	Ş	169.34	Ş	9.17
CLINIC	197	425		14,047.67		33.05	.055		71.31		1.80
SURGICENTER	5	26		809.78		31.15	.003		161.96		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	226	326		56,602.28		173.63	.042		250.45		7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE:	SI	MONTH-OF-PAYMENT RI	EPOR:	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 9,784
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	JICES FOR MEDICALL	Y :	INDIGENT - CHILDREN	N - 7	TOTAL					
							M	IONI	HLY AVERA	GE -	
7,795 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
.,	0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	231		\$	65,806.09	\$	2.11	3.993	٠	284.87		8.44
DURABLE MED. EQUIP.	21	42	Y		Ÿ	489.90				Ÿ	2.64
-				20,576.00			.005				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	54	686		17,418.17		25.39	.088		322.56		2.23
AMBULANCES/AIR TRANS	54	681		8,418.17		12.36	.087		155.89		1.08
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	5		9,000.00		1800.00	.001		1800.00		1.15
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ACUFONCIONE ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
									100.00		
GENETIC DISEASE TESTING	20	20		2,000.00		100.00	.003				. 26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	70	154	1,356.71	8.81	.020	19.38	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	30	11,659.63	388.65	.004	1665.66	1.50
PROSTHETICS	5	28	11,517.94	411.36	.004	2303.59	1.48
ORTHOTICS	2	2	141.69	70.85	.000	70.85	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	38	1,588.64	41.81	.005	105.91	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	159	1,506.23	9.47	.020	43.04	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	29,997	9,700.71	.32	3.848	510.56	1.24
@CALIF. CHILDREN SERVICES*	58	318	\$ 88,646.84	\$ 278.76	.041	\$ 1528.39	\$ 11.37

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES			UNITS/DAY PER ELIG	S		.GE	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3		\$ 3,564.29	\$	274.18	.000		1188.10	\$.00
@PHYSICIANS SERVICES	0		\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	·	.00	.000	•	.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	2	12	\$ 3,470.22	\$	289.19	.000	\$	1735.11	\$.00
PRESCRIPTION DRUGS	2	12	3,470.22		289.19	.000		1735.11		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	2	12	3,470.22		289.19	.000		1735.11		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

----- MONTHLY AVERAGE -----

OBLIGIBLES						MON1		
CONTENTENT 0	00 ELIGIBLES	USERS		EXPENDITURES				
DIAGNOSTIC AND ANC. PROCED 0								-
FYEARPELLANCES 0	@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
SCHINGPRACTOR		0	0					
VISITS 0 0 0 0 00 000 000 000 000 000 000 00		ñ						
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0 \$		•		•	
SECOLARIST 0		0	0					
MEDICINE/INITECTIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· ·					
SERGERY/ANES. 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0	0 \$		•			
RADIO./PATHOLOGY		0	0					
OTHER	SURGERY/ANES.	0	_					
##OWNERS PRESTREIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 NURSE PRESTREIST 0 0 \$.00 \$.00 \$.00 \$.00 NURSE PRESTREIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 NURSE PRESTREIST 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 NURSE PRESTREIST 0 0 0 \$.00 \$	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURSE AND STRESTETS	OTHER	0	0	.00	.00	.000	.00	.00
NURSE AND STRESTETS	@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDNIFE 0 0 \$.00		0						
### FAMILY NURSE PRACTITIONER 0 0 \$.00 \$		ñ	0 \$		\$ 00		•	
### FAMILY NURSE PRACTITIONER 0 0 \$.00 \$		0	0 4				•	
### CONTRACT NOTAL		0						
HOSP INPATIENT TOTAL		0						
HSC HOSPITALS		0	0 \$				•	
NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ADMINISTRATIVE DAYS O TRANSITIONAL 1P CARE O O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ANCILLARIES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
INPATIENT CROSSOVERS		ñ	0					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
HOSP OUTPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY PATHOLOGY O PATHOLOGY O PATHOLOGY O ROM USE O CROSSOVERS/ALL OTH OUTPTNT O COUNTY HOSPITAL TOTAL O SO S		0	0					
PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE		0	Ü					
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE	PATHOLOGY	0	0					
CROSSOVERS/ALL OTH OUTPINT 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	RADIOLOGY	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00	ROOM USE	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HSC HOSPITALS 0 0 .00 .		0	0		. 00			
NON-HSC HOSPITALS TOTAL 0 0 .00		Ô	0					
ACCOMMODATIONS 0 0 0 0 0.00 .000 .000 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0		0	Ü					
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00			
CO HOSP OUTPATIENT TOTAL 0 0 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .	CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .		0	0					.00
PATHOLOGY 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
RADIOLOGY 0 0 .00 <td< td=""><td></td><td>n</td><td>0</td><td></td><td></td><td></td><td></td><td></td></td<>		n	0					
ROOM USE 0 0 .00		0	0					
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00		0	0					
		•						
#CALLE DEFT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,787		•						
	#CALIF DEPT OF HEALTH SERV MEDI	-CAL SERVIC	ES AND EXPENDITURES MO	NIH-OF-PAYMENI RE	FORT FOR JAN	ZUU3 THRU DEC	2003	PAGE 9,787

MOP024 PLACER COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTI	SUMMARI OF SERV	LCES FOR MIA - NO SOC -	AID PAID PENDI	ING AID CODE			~=
00 ELIGIBLES	HGEDG	INITEG OF CEDITOR		ATTERNACE COOR	MONTE		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ecommunitary itoopitan moani	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1 \$	94.07	\$ 94.07	.000 \$	94.07	\$.00
PATHOLOGY	1	1	94.07	94.07	.000	94.07	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 9,788
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY		ICES FOR MIA - NO SOC -	AID PAID PENDI	NG AID CODE	81		
					MONTH	ILY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER
-	-	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
	-	-					

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,789
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MO	ONTHLY AVERA	GE
USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
	OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
404	2,625	\$	332,558.81	\$ 126.69	7.114	\$ 823.17	\$ 901.24
218	759	\$	53,806.46	\$ 70.89	2.057	\$ 246.82	\$ 145.82
128	212		10,583.10	49.92	.575	82.68	28.68
45	55		1,957.42	35.59	.149	43.50	5.30
0	0		.00	.00	.000	.00	.00
32	37		1,774.89	47.97	.100	55.47	4.81
0	0		.00	.00	.000	.00	.00
62	118		6,812.39	57.73	.320	109.88	18.46
2	2		38.40	19.20	.005	19.20	.10
27	109		5,453.59	50.03	.295	201.98	14.78
26	92		4,054.27	44.07	.249	155.93	10.99
1	17		1,399.32	82.31	.046	1399.32	3.79
0	0		.00	.00	.000	.00	.00
2	2		92.88	46.44	.005	46.44	.25
2	2		92.88	46.44	.005	46.44	.25
0	0		.00	.00	.000	.00	.00
47	173		27,249.68	157.51	.469	579.78	73.85
33	35		22,908.18	654.52	.095	694.19	62.08
7	7		1,212.08	173.15	.019	173.15	3.28
16	131		3,129.42	23.89	.355	195.59	8.48
31	49		3,450.14	70.41	.133	111.29	9.35
29	40		3,123.60	78.09	.108	107.71	8.47
0	0		.00	.00	.000	.00	.00
7	9		326.54	36.28	.024	46.65	.88
	404 218 128 45 0 32 0 62 2 27 26 1 0 2 2 2 0 47 33 7 16 31	OR DAYS OF CARE 404 2,625 218 759 128 212 45 55 0 0 0 32 37 0 0 0 62 118 2 2 27 109 26 92 1 177 0 0 0 2 2 2 2 2 0 0 0 47 173 33 35 7 7 16 131 31 49 29 40 0 0	OR DAYS OF CARE 404	OR DAYS OF CARE 404	OR DAYS OF CARE 404 2,625 \$ 332,558.81 \$ 126.69 218 759 \$ 53,806.46 \$ 70.89 128 212 10,583.10 49.92 45 55 1,957.42 35.59 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 404	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY PER ELIG USER VISER COST PER UNITS/DAYS PER ELIG USER USER USER VISER 404 2,625 \$ 332,558.81 \$ 126.69 7.114 \$ 823.17 218 759 \$ 53,806.46 \$ 70.89 2.057 \$ 246.82 128 212 10,583.10 49.92 5.75 82.68 45 55 1,957.42 35.59 149 43.50 0 0 .00 .00 .00 .000 .000 32 37 1,774.89 47.97 .100 55.47 0 0 .00 .00 .00 .000 .000 62 118 6,812.39 57.73 .320 109.88 2 2 38.40 19.20 .005 19.20 27 109 5,453.59 50.03 .295 201.98 26 92 4,054.27 44.07 .249 155.93 1 17 139.32 82.31 .046 1399.32 0 0 .00 .00 .000 .000 .00 2 2 92.88 46.44 .005 46.44 4 2 2 92.88 46.44 .005 46.44 0 0 .00 .00 .000 .000 .00 .00 47 173 .27,249.68 157.51 .469 579.78 .469 579.78 33 35 .22,908.18 654.52 .095 694.19 .01 .00 .00 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS PATHOLOGY RADIOLOGY	0 19 74	0 30 96	.00 480.28 4,986.08	.00 16.01 51.94	.000 .081 .260	.00 25.28 67.38	.00 1.30 13.51
PSYCHIATRY	1	1	32.98	32.98	.003	32.98	.09
IMMUNIZATION AND INJECTION	14	42	511.55	12.18	.114	36.54	1.39
OTHER SERVICES/ALL X-OVERS	17	45	966.18	21.47	.122	56.83	2.62
@PHARMACY	133	251	\$ 8,857.35	\$ 35.29	.680	\$ 66.60	\$ 24.00
PRESCRIPTION DRUGS	131	237	7,367.01	31.08	.642	56.24	19.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	131	237	7,367.01	31.08	.642	56.24	19.96
MEDICAL SUPPLIES	8	14	1,490.34	106.45	.038	186.29	4.04
@DENTIST	26	101	\$ 4,269.50	\$ 42.27	.274	\$ 164.21	\$ 11.57
VISITS - DIAGNOSTIC	18	63	986.50	15.66	.171	54.81	2.67
ORAL SURGERY	3	10	455.00	45.50	.027	151.67	1.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	8	1,131.00	141.38	.022	161.57	3.07
RESTORATIVE DENTISTRY	7	19	1,647.00	86.68	.051	235.29	4.46
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	50.00	50.00	.003	50.00	.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,790
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MONT	HLY AVERAG	E

PLACER COUNTY	SUMMARY OF SERVICES FOR	R MI	IA – NO	SOC -	PREGNANT		AID CODE	86				
									TNC	HLY AVERA	GE	
369 ELIGIBLES	USERS UNITS (OF SE	ERVICE		EXPENDITURES	AV:	ERAGE COST					COST PER
		YS OF	F CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4		16	\$	361.20	\$	22.58	.043	\$	90.30	\$.98
DIAGNOSTIC AND ANC. PROCED	4		4		189.80		47.45	.011		47.45		.51
EYE APPLIANCES	4		12		171.40		14.28	.033		42.85		.46
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 0 0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0				.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0 2 0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		2	\$	104.99		52.50	.005		52.50		.28
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	6		13	\$	630.34	\$	48.49	.035		105.06	\$	1.71
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	147		368	\$	227,306.42	\$	261.87		\$	1546.30	\$	616.01
HOSP INPATIENT TOTAL	33		198		215,269.66		1087.22	.537		6523.32		583.39
HSC HOSPITALS	17		91		227,306.42 215,269.66 111,266.28 104,003.38		1222.71	.247		6545.08		301.53
NON-HSC HOSPITAL TOTAL	4 4 4 0 0 0 0 0 0 0 0 0 0 2 0 0 6 0 0 0 147 33 17 17 17 17 17	1	107		104,003.38		1087.22 1222.71 971.99 468.52	.290		6117.85		281.85
ACCOMMODATIONS	17		107		50,131.17		468.52	.290		2948.89		135.86
ADMINISTRATIVE DAYS	1		21		3,876.18		184.58	.057		3876.18		10.50
TRANSITIONAL IP CARE	0		0		.00		184.58 .00 537.85 .00	.000		.00		.00
ALL OTHER ACCOM	16		86		46,254.99		537.85	.233		2890.94		125.35
ANCILLARIES	17		0		53,872.21		.00	.000		3168.95		146.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	130	6	570		12,036.76		17.97	1.816		92.59		32.62
MEDICAL	11		13		271.92		20.92	.035		24.72		.74
SURGERY	14	_	20		797.37		39.87	.054		56.96		2.16
PATHOLOGY	71	2	294		3,469.26		11.80	.797		48.86		9.40
RADIOLOGY	26	-	31		1,542.95		49.77	.084		59.34		4.18
ROOM USE	6.7]	115		3,932.29		34.19	.312		58.69		10.66
CROSSOVERS/ALL OTH OUTPTNT	49		197	_	2,022.97		10.27	.534		41.29		5.48
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.000	Ş		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	130 111 14 71 26 67 49 0 0 0 0 0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DE	C 2003	PAGE 9,791
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIA - NO	SOC - PREGNANT	AID CODE	86		
					MON	THLY AVERAC	BE

PLACER COUNTI	DUMMAN TO SER	VICES FOR MIA - NO SOC	- FILEGINANI	AID CODE	3.633	TITE 37 317553	CE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	147	868 \$	227.306.42	\$ 261.87	2.352 \$	1546 30	\$ 616.01
COMM HOSP INPATIENT TOTAL	33	198	215.269.66	1087.22	.537	6523.32	583.39 301.53 281.89 135.86
HSC HOSPITALS	17	91	111 266 28	1222 71	247	6545 08	301.5
NON-HSC HOSPITALS TOTAL	17	107	104 003 38	971 99	290	6117 85	281 8
ACCOMMODATIONS	17	107	50 131 17	468 52	290	2948 89	135 80
ADMINISTRATIVE DAVS	1	21	3 876 18	184 58	057	3876 18	10.5
TRANSTITIONAL TO CARE	0	0	3,070.10	00	000	00	10.5
ALL OTHER ACCOM	16	86	46 254 99	537 85	233	2890 94	125 31
ANCTLLARIES	17	0	53 872 21	00	000	3168 95	146 00
TNDATTENT CROSSOVERS	1,	0	00	00	000	00.00	10.50 .00 125.35 146.00
ALL OTHER INDATIONS	0	0	.00	.00	000	.00	.00
COMM HOSD OUTDATTENT TOTAL.	130	670	12 036 76	17 97	1 816	92 59	32 6
MEDICAL.	11	13	271 92	20 92	035	24 72	7.
SURGERY	1 4	20	797 37	39 87	054	56 96	2 17
DATHOLOGY	71	294	3 469 26	11 80	797	48 86	9.41
PADIOLOGY	26	31	1 542 05	49 77	084	50.00	.00 .00 32.62 .74 2.16 9.40 4.18 10.66 5.48 \$
BUUM IIGE	20 67	115	1,342.93	79.77 3 <u>4</u> 10	312	59.3 4 58.60	10 60
CDOCCOVEDC/NII OTH OUTDTNIT	7 / 0	113	2 022 07	10 27	521	11 20	5 4!
ACTATE HOCDITAL	. 1 9	0 ¢	2,022.97	±0.27	.000 \$	41.29	\$.00
MENTATIV TII	0	0 \$.00	Ş .00	.000 \$.00	
DEVELOD DIGNEL ED	0	0	.00	.00	.000		
ONLIDGING EXCILITY	0	0 6	.00	. 00	000	.00	\$.00
WINCESTING FACILITY	0	0 Ş	.00	Ş .00	.000 ş	.00	Ş .00
TEA WINIEWMEDIVIE	0	0	.00	.00	.000	.00	.00
TEN D CHDACHTE EDEECTANDING	7	0	.00	.00	.000	.00	.00
TEA B CHBACHE HEESTANDING	0	0	.00	.00	.000	.00	.00
TEV D-SUBACUIE DSFIL DASED	0	0	.00	.00	.000	.00	.00
LEV B-IRANSIIIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0 &	.00	.00	.000 \$		\$.00
WINIERMEDIALE CARE FACILDD	0	0 Ş	.00	Ş .00	.000 \$.00	
ICE DD	Ü	0	.00	.00	.000	.00	
TCF DDM/DDCM	0	0	.00	.00	.000		
PREMUDIALAGIG AUDAAL	0	0 4	.00	. UU	.000 \$.00	\$.00
AUGDIANI DYGED OTHER OTHER TATE TO TOTAL	0	υ \$ 0	.00	٠٠٠ ١٠٥	.000 Ş	.00	
HEMODIVIACIC CENTED UOSTIUT DUSEN	0	0	.00	.00	.000	.00	.00
DENOULALISIS CENIEK	U	0	.00	.00	.000 \$.00	.00 \$.00
WKENABILIIAIIUN FACILITY	U	υ \$ 0	.00	۰.00	.000 \$.00	\$.00
INDEDENDENT BYCILIUM UOSKIAL BASED	Ü	0	.00	.00	.000	.00	.00
TINDEPENDENT FACILITY	75	0 04E Å	2 062 61	.UU ċ 1⊑ 77	.664 \$.00 51.50	\$ 10.47
WLADUKATUKI FACILITY	/ 5 7 F	∠45 Ş	3,80∠.0⊥ 3,062,61	ې ۱۵.//	.004 \$	51.50	\$ 10.47
PAIROLOGI	/ 5	245	3,802.01	15.//	.664 .000	.00	10.4
AU AND UTHERS	0	υ 300 ά	.00	.00	.000	.00	.00
@OKGANIZED OUTPATIENT CLINIC	83	309 \$	30,9/3.42	\$ 100.24	.83/ \$	373.17	\$ 83.94
CLINIC	35	10	4,440.83	24.98	.458	120.60 243.41 .00	11.44
SORGICENTER	1	Τ0	∠43.41	24.34	.02/	∠43.41	. 66
TIEDOTNI DEMON CI TNIC	^		^ ^				

RURAL HEALTH CLINIC 50 130 26,509.18 203.92 .352 530.18 71.84 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,792 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MC	NTHLY AVERA	GE
369 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	27	61 \$	2,386.52	\$ 39.12	.165	\$ 88.39	\$ 6.47
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	38	848.12	22.32	.103	94.24	2.30
AMBULANCES/AIR TRANS	9	38	848.12	22.32	.103	94.24	2.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.035	105.00	3.70
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	71.52	8.94	.022	17.88	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.005	101.88	.28
PROSTHETICS	1	2	101.88	50.94	.005	101.88	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	18 \$	22,360.00	\$ 1242.22	.049	\$ 22360.00	\$ 60.60
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	J AS A SEPARAT	E INFORMATION ITEM ON	IT.Y;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,793 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 = 0 = 0 = 0 = 1 = 1 = 1 = 1 = 1 = 1 = 1	DOIMENT OF DEED	12110211 0001111
MONTHLY AVERAGE				
PENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		UNITS OF SERVICE	USERS	369 ELIGIBLES
PER UNIT/DAY PER ELIG USER ELIGIBLE		OR DAYS OF CARE		
336,123.10 \$ 127.42 7.149 \$ 825.86 \$ 910.90	\$	2,638	407	@TOTAL, ALL PROVIDERS
53,806.46 \$ 70.89 2.057 \$ 246.82 \$ 145.82	\$	759	218	@PHYSICIANS SERVICES
10,583.10 49.92 .575 82.68 28.68		212	128	OUTPATIENT VISITS
1,957.42 35.59 .149 43.50 5.30		55	45	OFFICE VISITS
.00 .00 .000 .00		0	0	HOME VISITS
1,774.89 47.97 .100 55.47 4.81		37	32	EMERGENCY ROOM
.00 .00 .000 .00		0	0	PREVENTIVE CARE
6,812.39 57.73 .320 109.88 18.46		118	62	OB VISITS/COMPRE PERI
38.40 19.20 .005 19.20 .10		2	2	OTHER OUTPATIENT
5,453.59 50.03 .295 201.98 14.78		109	27	INPATIENT VISITS
4,054.27 44.07 .249 155.93 10.99		92	26	HOSPITAL VISITS
1,399.32 82.31 .046 1399.32 3.79		17	1	CRITICAL CARE
.00 .00 .000 .00		0	0	SNF/ICF/TRANS IP CARE
92.88 46.44 .005 46.44 .25		2	2	OPHTHALMOLOGICAL SERVICES
.00 .00 .000 .000 .000 .000 .000 .000		2 109	0 62 2 27	PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	2	2			92.88		46.44	.00	5	46.44		.25
SERVICES AND MATERIALS	0	0			.00		.00	.00		.00		.00
INPATIENT HOSPITAL SURGERY	47	173			27,249.68		157.51	. 46		579.78		73.85
PRINCIPAL SURGEON	33	35			22,908.18		654.52	.09		694.19		62.08
ASSISTANT SURGEON	7	7			1,212.08		173.15	.01		173.15		3.28
ANESTHESIOLOGIST	16	131			3,129.42		23.89	.35		195.59		8.48
OUTPATIENT SURGERY	31	49			3,450.14		70.41	.13		111.29		9.35
PRINCIPAL SURGEON	29	40			3,123.60		78.09	.10		107.71		8.47
ASSISTANT SURGEON	0	0			.00		.00	.00		.00		.00
ANESTHESIOLOGIST	7	9			326.54		36.28	.02		46.65		.88
DIALYSIS	0	0			.00		.00	.00		.00		.00
PATHOLOGY	19	30			480.28		16.01	.08		25.28		1.30
RADIOLOGY	74	96			4,986.08		51.94	. 26		67.38		13.51
PSYCHIATRY	1	1			32.98		32.98	.00		32.98		.09
IMMUNIZATION AND INJECTION	$\overline{14}$	42			511.55		12.18	.11		36.54		1.39
OTHER SERVICES/ALL X-OVERS	17	45			966.18		21.47	.12		56.83		2.62
@PHARMACY	135	263	\$		12,327.57	\$	46.87	.71		91.32	Ġ	33.41
PRESCRIPTION DRUGS	133	249			10,837.23	•	43.52	.67		81.48	•	29.37
SNF/ICF	0	0			.00		.00	.00		.00		.00
OUTPATIENTS	133	249			10,837.23		43.52	.67		81.48		29.37
MEDICAL SUPPLIES	8	14			1,490.34		106.45	.03		186.29		4.04
@DENTIST	26	101	\$		4,269.50	\$	42.27	.27	\$	164.21	\$	11.57
VISITS - DIAGNOSTIC	18	63	•		986.50	•	15.66	.17		54.81	•	2.67
ORAL SURGERY	3	10			455.00		45.50	.02	7	151.67		1.23
DRUGS	0	0			.00		.00	.00)	.00		.00
ANESTHESIA	0	0			.00		.00	.00)	.00		.00
PERIODONTICS	0	0			.00		.00	.00)	.00		.00
ENDODONTICS	7	8			1,131.00		141.38	.02	2	161.57		3.07
RESTORATIVE DENTISTRY	7	19			1,647.00		86.68	.05	_	235.29		4.46
PROSTHETICS	0	0			.00		.00	.00)	.00		.00
DENTURES, STAYPLATES	1	1			50.00		50.00	.00	3	50.00		.14
SPACE MAINTAINERS	0	0			.00		.00	.00)	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.00)	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.00)	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.00)	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.00)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES 1	MONTH-O	F-PAYMENT R	EPOR'	T FOR JAN	2003 THR	J DE	2003	₽₽	GE 9,794
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MIA -	NO S	OC - TO	TAL							

----- MONTHLY AVERAGE -----369 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 16 361.20 22.58 .043 \$ 90.30 \$.98 DIAGNOSTIC AND ANC. PROCED 189.80 47.45 .011 47.45 .51 4 EYE APPLIANCES 12 171.40 14.28 .033 42.85 .46 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .00 .000 0 .00 .00 .000 \$ @PODIATRIST .00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .000 SURGERY/ANES. .00 .00 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .005 \$ @HOME HEALTH AGENCY 104.99 52.50 52.50 \$.28 .00 \$.00 .000 \$ NURSE ANESTHESIST .00 .00 630.34 NURSE MIDWIFE 13 \$ 48.49 .035 \$ 105.06 \$ 1.71 .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 FAMILY NURSE PRACTITIONER Ω 0 .00 .00 .000 \$.00 \$.00 @TOTAL HOSPITAL 147 868 227,306.42 261.87 2.352 \$ 1546.30 \$ 616.01

HOSP INPATIENT TOTAL	33	198	215,269.66	1087.22	.537	6523.32	583.39
HSC HOSPITALS	17	91	111,266.28	1222.71	.247	6545.08	301.53
NON-HSC HOSPITAL TOTAL	17	107	104,003.38	971.99	.290	6117.85	281.85
ACCOMMODATIONS	17	107	50,131.17	468.52	.290	2948.89	135.86
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.057	3876.18	10.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	86	46,254.99	537.85	.233	2890.94	125.35
ANCILLARIES	17	0	53,872.21	.00	.000	3168.95	146.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	670	12,036.76	17.97	1.816	92.59	32.62
MEDICAL	11	13	271.92	20.92	.035	24.72	.74
SURGERY	14	20	797.37	39.87	.054	56.96	2.16
PATHOLOGY	71	294	3,469.26	11.80	.797	48.86	9.40
RADIOLOGY	26	31	1,542.95	49.77	.084	59.34	4.18
ROOM USE	67	115	3,932.29	34.19	.312	58.69	10.66

CROSSOVERS/ALL OTH OUTPTNT	49	197		2,022.97		10.27	.534	41.29	5.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 20	03 THRU	DEC 2003	PAGE 9,795
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- TOTAL					

TERCER COUNTY	BOINDING OF BEIN	CVICED TOR	1-1111	NO DOC	1011111		MO	אייינו	א מיזוע א זו	CE	
369 ELIGIBLES	USERS	UNITS OF	CEDIII	70	EXPENDITURES	AVERAGE COST			OST PER	GE	COST PER
309 FILIGIBLES	USEKS	OR DAYS			EXPENDITURES	PER UNIT/DAY		5 C	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	147	OR DAIS	868	Х.Е. \$	227,306.42	\$ 261.87	2.352	۲.	1546.30	بن	616.01
COMM HOSP INPATIENT TOTAL	33		198	Ş	215,269.66	1087.22	.537		6523.32	Ą	583.39
HSC HOSPITALS	33 17		91		111,266.28	1222.71	.247		6545.08		301.53
NON-HSC HOSPITALS TOTAL	17		107		104,003.38	971.99	.290		6117.85		281.85
ACCOMMODATIONS	17		107			468.52	.290		2948.89		135.86
	1				50,131.17						
ADMINISTRATIVE DAYS			21		3,876.18	184.58	.057		3876.18		10.50
TRANSITIONAL IP CARE	0 16		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM			86		46,254.99	537.85	.233		2890.94		125.35
ANCILLARIES	17		0		53,872.21	.00	.000		3168.95		146.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130		670		12,036.76	17.97	1.816		92.59		32.62
MEDICAL	11		13		271.92	20.92	.035		24.72		.74
SURGERY	14		20		797.37	39.87	.054		56.96		2.16
PATHOLOGY	71		294		3,469.26	11.80	.797		48.86		9.40
RADIOLOGY	26		31		1,542.95	49.77	.084		59.34		4.18
ROOM USE	67		115		3,932.29	34.19	.312		58.69		10.66
CROSSOVERS/ALL OTH OUTPTNT			197		2,022.97	10.27	.534		41.29		5.48
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00	.000		.00		.00
ICF DD	0		0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000		.00		.00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	76	246	\$	3,956.68	\$	16.08	.667	\$	52.06	\$	10.72
PATHOLOGY	76	246		3,956.68		16.08	.667		52.06		10.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	83	309	\$	30,973.42	\$	100.24	.837	\$	373.17	\$	83.94
CLINIC	35	169		4,220.83		24.98	.458		120.60		11.44
SURGICENTER	1	10		243.41		24.34	.027		243.41		.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	50	130		26,509.18		203.92	.352		530.18		71.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES MO	ONTH-OF-PAYMENT REI	PORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,796
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIA - NO	SOC C	C - TOTAL							
							M	ONT	HLY AVERA	GE	

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER
@ALL OTHER PROVIDERS	27	OR DAYS OF CARE 61 \$	2,386.52	\$ 39.12	.165	USER \$ 88.39	ELIGIBLE \$ 6.47
	۷ / 0	O 5		.00		.00	•
DURABLE MED. EQUIP. BLOOD BANK	0	0	.00	.00	.000	.00	.00 .00
	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0	2.0	848.12	22.32			2.30
AMBULANCES/AIR TRANS	9	38	848.12	22.32	.103 .103	94.24 94.24	2.30
	9	30					
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.035	105.00	3.70
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	71.52	8.94	.022	17.88	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.005	101.88	.28
PROSTHETICS	1	2	101.88	50.94	.005	101.88	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	18 \$	22,360.00	\$ 1242.22	.049	\$ 22360.00	\$ 60.60
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTATO IN THECE IINEC ARE CIVI	TNT AC A CEDAD	ATE THEODMATION ITEM ONI	v.	•			

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCLUDED .	IN THE AFFROERIATE DETAIL DINES ADOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,797
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							MO	NTH	LY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	C	OST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12	165	\$	3,887.75	\$	23.56	33.000	\$	323.98	\$	777.55
@PHYSICIANS SERVICES	3	6	\$	222.67	\$	37.11	1.200	\$	74.22	\$	44.53
OUTPATIENT VISITS	1	1		59.50		59.50	.200		59.50		11.90
OFFICE VISITS	1	1		59.50		59.50	.200		59.50		11.90

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	4		154.60		38.65	.800		77.30		30.92
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	2	4		154.60		38.65	.800		77.30		30.92
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		8.57		8.57	.200		8.57		1.71
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	10	97	\$	2,855.99	\$	29.44		\$		\$	571.20
PRESCRIPTION DRUGS	10	97		2,855.99		29.44	19.400		285.60		571.20
SNF/ICF	9	87		2,505.26		28.80	17.400		278.36		501.05
OUTPATIENTS	1	10		350.73		35.07	2.000		350.73		70.15
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00		\$		\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	D = D O D	.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT	REPOR	T' FOR JAN 2	003 THRU L	EC	2003	P	AGE 9,798
MOP024	FEE-FOR-SERVICE		000	T III C		ATD CODE	F 2				01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MIA -	SOC	- LTC		AID CODE				~ =	
OF HITCHRING	Hanna	INITED OF CERTIFIC	100	EVDENTERNO	7		MC				
05 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		, C	OST PER		COST PER
OOD TO THE TOTAL OF THE TOTAL O	^	OR DAYS OF CAR		0.0		R UNIT/DAY		4	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Þ	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00

						IVI	OM.T	HLY AVERA	ŒĔ	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
	0	0 \$.00		.00		•		۶ \$	
NURSE MIDWIFE	0	0 \$			\$.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	U	0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	_	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	2	30 \$	3	96.52	\$	13.22		\$	198.26	\$	79.30
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	30	2	96.52		13.22	6.000		198.26		79.30
	2	0	3	.00		.00	.000		.00		.00
MEDICAL	0	0									
SURGERY	0		2	.00		.00	.000		.00		.00
PATHOLOGY	2	30	3	96.52		13.22	6.000		198.26		79.30
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ô		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE	-	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	~	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MON'I'H-OF-PAY	MENT, KI	EPORT	FOR JAN 2	2003 THRU L	EC	2003	PA	AGE 9,799
MOP024	FEE-FOR-SERVICE/										01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MIA - SOC	- LTC			AID CODE					
							MC				
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES			UNITS/DAYS	G C			COST PER
		OR DAYS OF CARE					PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	30 \$	3	96.52	\$	13.22	6.000	\$	198.26	\$	79.30
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
A COOMMOD A ELL ONG	0	0		0.0		0.0	000		0.0		0.0

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

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ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	30	396.52	13.22	6.000	198.26	79.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	30	396.52	13.22	6.000	198.26	79.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR:	ES MONTH-OF	F-PAYMENT REPO	ORT FOR JAN	2003 THRU I	DEC 2003	PAGE	9,800
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MIA - S	OC - LTC		AID CODE	53			

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 412.57 12.89 82.51 @ALL OTHER PROVIDERS 32 6.400 \$ 82.51 \$ DURABLE MED. EQUIP. .00 .00 .000 .00 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 32 412.57 12.89 6.400 82.51 82.51 21 347.88 16.57 115.96 AMBULANCES/AIR TRANS 4.200 69.58 11 64.69 5.88 2.200 32.35 12.94 OTHER TRANS OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 .00 .00 \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,801 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

01/29/04

----- MONTHLY AVERAGE -----

| PLACER COUNTY | SIMMARY OF SERVICES FOR | MLA | SOC | PRESENANT | A ID | CODE 87 | CODE 7 | ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 13 ELIGIBLES USERS @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,802 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 PLACER COUNTY

13 ELIGIBLES		OF SERVICE AYS OF CARE		AVERAGE COST UPER UNIT/DAY	NITS/DAYS PER ELIG	COST PER USER		OST PER LIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	٧	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
	0	0 \$		\$.00		.00	\$	
@CHIROPRACTOR VISITS	0	- т			.000 \$		Ą	.00
	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	4	.00
@PODIATRIST	U	0 \$		\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	5	25 \$	10,442.43	\$ 417.70	1.923 \$	2088.49	\$	803.26
HOSP INPATIENT TOTAL	2	8	10,326.88	1290.86	.615	5163.44		794.38
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	2	8	10,326.88	1290.86	.615	5163.44		794.38
ACCOMMODATIONS	2	8	1,841.94	230.24	.615	920.97		141.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	8	1,841.94	230.24	.615	920.97		141.69
ANCILLARIES	2	0	8,484.94	.00	.000	4242.47		652.69
INPATIENT CROSSOVERS	n N	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	Ö	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4	17	115.55	6.80	1.308	28.89		8.89
	1	1	11.30	11.30	.077	11.30		.87
MEDICAL	0	1	.00	.00	.000	.00		.00
SURGERY	0	9	.00 69.94	7.77	.692	34.97		5.38
PATHOLOGY	2	9						
RADIOLOGY	0	2	.00	.00	.000	.00 11.57		.00 1.78
ROOM USE	2		23.13	11.57	.154			
CROSSOVERS/ALL OTH OUTPTNT	2	5 0 \$	11.18	2.24	.385	5.59	<u>ب</u>	.86
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 20			PAG	SE 9,803
MOP024	FEE-FOR-SERVICE/DENTA							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES F		REGNANT	AID CODE 8	7			
		-		-		א מיידע איידו	O E	

		OR DAYS OF CARE				ושמ	R UNIT/DAY	סיות	ET TO	7	USER		ELIGI	OT TO
@COMMUNITY HOSPITAL TOTAL	5	25	\$	1	10,442.43	\$	417.70		. 923		2088.49	\$	803	
COMM HOSP INPATIENT TOTAL	2	8	٧		10,326.88	٧	1290.86		615	٧	5163.44	Υ	794	
HSC HOSPITALS	0	0		_	.00		.00		.000		.00			.00
NON-HSC HOSPITALS TOTAL	2	8		1	10,326.88		1290.86		615		5163.44		794	
ACCOMMODATIONS	2	8		_	1,841.94		230.24		615		920.97		141	
ADMINISTRATIVE DAYS	0	0			.00		.00		.000		.00			.00
TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00			.00
ALL OTHER ACCOM	2	Ω			1,841.94		230.24		615		920.97		141	
ANCILLARIES	2	0			8,484.94		.00		.000		4242.47		652	
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00			.00
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00			.00
	0	17			115.55		6.80		. 308					
COMM HOSP OUTPATIENT TOTAL	4										28.89			.89
MEDICAL	Τ	1			11.30		11.30		.077		11.30			.87
SURGERY	0	0			.00		.00		.000		.00			.00
PATHOLOGY	∠	9			69.94		7.77		.692		34.97			.38
RADIOLOGY	0	U			.00		.00		.000		.00			.00
ROOM USE	2	2			23.13		11.57		.154		11.57			.78
CROSSOVERS/ALL OTH OUTPTNT	2	5			11.18		2.24		. 385		5.59			.86
@STATE HOSPITAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00		.000		.00			.00
DEVELOP. DISABLED	0	0			.00		.00		.000		.00			.00
@NURSING FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00		.000		.00			.00
LEV B-REHAB MD	0	0			.00		.00		.000		.00			.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		.000		.00			.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		.000		.00			.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00			.00
LEV B-REGULAR	0	0			.00		.00		.000		.00			.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0	0	·		.00	•	.00		.000		.00	•		.00
ICF DD	0	0			.00		.00		.000		.00			.00
ICF DDN/DDCN	0	Ö			.00		.00		.000		.00			.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧		.00	٧	.00		.000	Ψ.	.00	٧		.00
HEMODIALYSIS CENTER	0	0			.00		.00		.000		.00			.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		.000	Ċ	.00	\$.00
HOSPITAL BASED	0	0	Y		.00	Ÿ	.00		.000	Ÿ	.00	Y		.00
INDEPENDENT FACILITY	0	0			.00		.00		.000		.00			.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
	0	0	Ą		.00	Ą	.00		.000	Ą	.00	Ą		.00
PATHOLOGY	0	0					.00		.000		.00			.00
XO AND OTHERS	0	0	\$.00	4				4		4		
@ORGANIZED OUTPATIENT CLINIC	0	0	Þ		.00	\$.00		000	Þ	.00	\$.00
CLINIC	0	0			.00		.00		.000		.00			.00
SURGICENTER	0	0			.00		.00		.000		.00			.00
HEROIN DETOX CLINIC	0	U			.00		.00		.000		.00			.00
RURAL HEALTH CLINIC	0	0			.00		.00		.000	~	.00	_		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURI	ES N	MON.I.H – OF	- PAYMENT RE	EPOR'	I FOR JAN	2003 1	L'HRU	DEC	2003	F	AGE S	
MOP024	FEE-FOR-SERVICE												01/2	29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MIA - SO	OC -	- PREGNAI	IΤ		AID CODE		_					
											HLY AVERA			
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	ENDITURES								COST I	
		OR DAYS OF CARE					R UNIT/DAY				USER		ELIGI	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.000			\$.00
DURABLE MED. EQUIP.	0	0			.00		.00		.000		.00			.00
BLOOD BANK	0	0			.00		.00		.000		.00			.00
HEARING AID DISPENSERS	0	0			.00		.00		.000		.00			.00
MEDICAL TRANSPORTATION	0	0			.00		.00		.000		.00			.00
AMBULANCES/AIR TRANS	0	0			.00		.00		.000		.00			.00
OTHER TRANS	0	0			.00		.00		.000		.00			.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,805 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

1 210211 0001111	5011111111 01 52111	1010 1011		••	 			M	ONT	HLY AVERA	GE.	
18 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	25		224	\$	15,441.44	\$	68.94	12.444	\$	617.66	\$	857.86
@PHYSICIANS SERVICES	9		35	\$	1,308.18	\$	37.38	1.944	\$	145.35	\$	72.68
OUTPATIENT VISITS	4		4	·	236.56	•	59.14	.222		59.14		13.14
OFFICE VISITS	1		1		59.50		59.50	.056		59.50		3.31
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3		3		177.06		59.02	.167		59.02		9.84
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	4		8		396.55		49.57	.444		99.14		22.03
HOSPITAL VISITS	2		4		241.95		60.49	.222		120.98		13.44
CRITICAL CARE	0		Ō		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	2		4		154.60		38.65	.222		77.30		8.59
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2		13		392.74		30.21	.722		196.37		21.82
PRINCIPAL SURGEON	1		1		110.72		110.72	.056		110.72		6.15
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2		12		282.02		23.50	.667		141.01		15.67
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		159.63		.00 53.21	.167		79.82		8.87
	2		3									
RADIOLOGY	2		0		85.10		14.18	.333		42.55		4.73
PSYCHIATRY	0				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		37.60		37.60	.056		37.60		2.09
@PHARMACY	14		102	\$	2,881.74	\$	28.25	5.667	Ş	205.84	\$	160.10
PRESCRIPTION DRUGS	14		102		2,881.74		28.25	5.667		205.84		160.10
SNF/ICF	9		87		2,505.26		28.80	4.833		278.36		139.18
OUTPATIENTS	5		15		376.48		25.10	.833		75.30		20.92
MEDICAL SUPPLIES	0		0	4.	.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 9,806
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					01/29/04

			TOTAL							
				MONTHLY AVERAGE						
USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
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0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
7	55	\$	10,838.95	\$	197.07	3.056	\$	1548.42	\$	602.16
2	8	•	10.326.88	·	1290.86	. 444		5163.44		573.72
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2	8		10 326 88		1290 86	444		5163 44		573 72
2	8		1 841 94		230.24	444		920 97		102 33
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2	8		1,041.94		230.24	.444		1010.37		102.33
2	0		8,484.94		.00	.000		4242.47		4/1.39
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6	47		512.07		10.90	2.611		85.35		28.45
1	1		11.30		11.30	.056		11.30		.63
0	0		.00		.00	.000		.00		.00
4	39		466.46		11.96	2.167		116.62		25.91
0	0		.00		.00	.000		.00		.00
2	2		23.13		11.57	.111		11.57		1.29
2	5		11.18		2.24	.278		5.59		.62
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SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,807
MOP024	FEE-FOR-SERVICE/DENTAL	⊒					01/29/04
DI ACED COLINEY	CIMMADA OF CEDITORS FO	OD MITA COC	TOTA T				

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL PLACER COUNTY ----- MONTHLY AVERAGE -----18 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 55 10,838.95 \$ 197.07 3.056 \$ 1548.42 \$ 602.16 COMM HOSP INPATIENT TOTAL 8 10.326.88 1290.86 . 444 5163.44 573.72 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 10,326.88 1290.86 .444 5163.44 573.72 230.24 ACCOMMODATIONS 1,841.94 .444 920.97 102.33 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 1,841.94 .444 ALL OTHER ACCOM 230.24 920.97 102.33 8,484.94 .00 4242.47 ANCILLARIES .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 10.90 47 512.07 COMM HOSP OUTPATIENT TOTAL 2.611 85.35 28.45 MEDICAL 11.30 11.30 .056 11.30 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 39 466.46 11.96 2.167 116.62 25.91 .00 .00 .00 .000 RADIOLOGY .00 23.13 11.57 11.57 .111 1.29 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 11.18 2.24 .278 5.59 .62 .00 \$.00 .000 \$.00 \$ @STATE HOSPITAL .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .00 .00 @NURSING FACILITY .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD 0 .00 .00 .00 .000 \$.00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .000 \$.00 .00 .00 .000 HOSPITAL BASED .00 .00 .00 .00 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER .00 .00 .000 \$.00 .00 @REHABILITATION FACILITY HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 .000 \$.00 \$ @LABORATORY FACILITY .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 XO AND OTHERS .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC .00 .00 .00 .00 .000 \$ CLINIC .00 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 0 .00 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,808 #CALIF DEPT OF HEALTH SERV 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
10 ELIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
AND OTHER PROMINERS	Е		412.57	\$ 12.89	1.778 \$		\$ 22.92
@ALL OTHER PROVIDERS	5	32 \$		•	•		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	32	412.57	12.89	1.778	82.51	22.92
AMBULANCES/AIR TRANS	3	21	347.88	16.57	1.167	115.96	19.33
OTHER TRANS	2	11	64.69	5.88	.611	32.35	3.59
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,809
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 \$.00 \$.00 .000 \$.00 \$.00 0 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .00 .00 PREVENTIVE CARE 0 .000 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .000 INPATIENT VISITS .00 .00 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES **EXAMINATIONS** .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS 0 .00 .000 .00 .00 .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	.C 2003	PAGE 9,810
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
					N/ONT		7

						MC	ONTI	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00

0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,811
FEE-FOR-SERVICE/DE	INTAL					01/29/04
SUMMARY OF SERVICE	S FOR FOR FUTURE US	SE				
				MON'	THLY AVERAG	Ε
USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR FOR FUTURE US	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 00 00 00 00 000 000 000 000 000	0

00 51 5355 53					MON 1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
COMMUNITARY WORD THAT HOME	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		.00	
	0	0 \$ 0			.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ü	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 20	003	PAGE	9,812
MOP024	FEE-FOR-SERVICE/DEN	TAL								01	/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							N	MONTHLY	Z AVERA	GE	

						IIIII AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
* TOTAL IN THESE TIMES AND STREET	א אמ א מביטאר	ATE TATE TATE TATE TO TATE TO TATE OF	T 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MON	THLY AVERA	GE	
387 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	432	2,862	\$	351,564.54	\$ 122.84	7.395 \$	813.81	\$ 908.44	
@PHYSICIANS SERVICES	227	794	\$	55,114.64	\$ 69.41	2.052 \$	242.80	\$ 142.42	
OUTPATIENT VISITS	132	216		10,819.66	50.09	.558	81.97	27.96	
OFFICE VISITS	46	56		2,016.92	36.02	.145	43.85	5.21	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	35	40		1,951.95	48.80	.103	55.77	5.04	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	62	118		6.812.39	57.73	. 305	109.88	17.60	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2	38.40		19.20	.005	19.20		.10
INPATIENT VISITS	31	117	5,850.14		50.00	.302	188.71		15.12
HOSPITAL VISITS	28	96	4,296.22		44.75	.248	153.44		11.10
CRITICAL CARE	1	17	1,399.32		82.31	.044	1399.32		3.62
SNF/ICF/TRANS IP CARE	2	4	154.60		38.65	.010	77.30		.40
OPHTHALMOLOGICAL SERVICES	2	2	92.88		46.44	.005	46.44		.24
EXAMINATIONS	2	2	92.88		46.44	.005	46.44		.24
	2	2							
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	49	186	27,642.42		148.62	.481	564.13		71.43
PRINCIPAL SURGEON	34	36	23,018.90		639.41	.093	677.03		59.48
ASSISTANT SURGEON	7	7	1,212.08		173.15	.018	173.15		3.13
ANESTHESIOLOGIST	18	143	3,411.44		23.86	.370	189.52		8.82
OUTPATIENT SURGERY	31	49	3,450.14		70.41	.127	111.29		8.92
PRINCIPAL SURGEON	29	40	3,123.60		78.09	.103	107.71		8.07
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	7	9	326.54		36.28	.023	46.65		.84
DIALYSIS	0	Ō	.00		.00	.000	.00		.00
	21								
PATHOLOGY		33	639.91		19.39	.085	30.47		1.65
RADIOLOGY	76	102	5,071.18		49.72	.264	66.73		13.10
PSYCHIATRY	1	1	32.98		32.98	.003	32.98		.09
IMMUNIZATION AND INJECTION	14	42	511.55		12.18	.109	36.54		1.32
OTHER SERVICES/ALL X-OVERS	18	46	1,003.78		21.82	.119	55.77		2.59
	149			ė.	41.67			ė.	39.30
@PHARMACY			15,209.31	\$.943		Ş	
PRESCRIPTION DRUGS	147	351	13,718.97		39.09	.907	93.33		35.45
SNF/ICF	9	87	2,505.26		28.80	.225	278.36		6.47
OUTPATIENTS	138	264	11,213.71		42.48	.682	81.26		28.98
MEDICAL SUPPLIES	8	14	1,490.34		106.45	.036	186.29		3.85
@DENTIST	26	101 \$	4,269.50	\$	42.27	.261		ċ.	11.03
				Ą				Ş	
VISITS - DIAGNOSTIC	18	63	986.50		15.66	.163	54.81		2.55
ORAL SURGERY	3	10	455.00		45.50	.026	151.67		1.18
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
	U								
ENDODONTICS		8	1,131.00		141.38	.021	161.57		2.92
RESTORATIVE DENTISTRY	7	19	1,647.00		86.68	.049	235.29		4.26
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	1	50.00		50.00	.003	50.00		.13
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0								
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRII DI	EC 2003	PΑ	GE 9,814
	FEE-FOR-SERVICE/I								01/29/04
PLACER COUNTY			INDIGENT - ADULTS	тот	7. T				01/25/01
PLACER COUNTI	SUMMARI OF SERVIC	ES FOR MEDICALLI	INDIGENI - ADOLIS	- 101	АП	1401		aп	
							NTHLY AVERA		
387 ELIGIBLES		NITS OF SERVICE	EXPENDITURES			UNITS/DAYS		_	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	4	16 \$	361.20	\$	22.58	.041	90.30	Ś	.93
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	•	47.45	.010	47.45		.49
	4								
EYE APPLIANCES	4	12	171.40		14.28	.031	42.85		. 44
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000		\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000		\$.00
	0	0 \$.00	Y	.00		.00	Y	
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
	[]	[]	(111)		[][]	(1(1()	[11]		1111

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OTHER

SURGERY/ANES.

RADIO./PATHOLOGY

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@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.005	\$ 52.50	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	6	13	\$ 630.34	\$ 48.49	.034	\$ 105.06	\$ 1.63
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	154	923	\$ 238,145.37	\$ 258.01	2.385	\$ 1546.40	\$ 615.36
HOSP INPATIENT TOTAL	35	206	225,596.54	1095.13	.532	6445.62	582.94
HSC HOSPITALS	17	91	111,266.28	1222.71	.235	6545.08	287.51
NON-HSC HOSPITAL TOTAL	19	115	114,330.26	994.18	.297	6017.38	295.43
ACCOMMODATIONS	19	115	51,973.11	451.94	.297	2735.43	134.30
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.054	3876.18	10.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	94	48,096.93	511.67	.243	2672.05	124.28
ANCILLARIES	19	0	62,357.15	.00	.000	3281.96	161.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	136	717	12,548.83	17.50	1.853	92.27	32.43
	12	14	283.22	20.23			.73
MEDICAL					.036	23.60	
SURGERY	14	20	797.37		.052	56.96	2.06
PATHOLOGY	75	333	3,935.72		.860	52.48	10.17
RADIOLOGY	26	31	1,542.95	49.77	.080	59.34	3.99
ROOM USE	69	117	3,955.42		.302	57.32	10.22
CROSSOVERS/ALL OTH OUTPTNT	51	202	2,034.15	10.07	.522	39.89	5.26
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT F		2003 THRU DEC		PAGE 9,815
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MEDICALLY	INDIGENT - ADULTS	- TOTAL			. , == , -=
				- -	MONT	THLY AVERAC	7E
207 FITCIBLES	HOPDO HINTTO	E CEDUTCE	EADEMDIAIDEG	ATTEDACE COCO	TIMITTO / DAVO		

387 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
	0.0=1.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	923	\$	238,145.37		- ,			1546.40		
COMM HOSP INPATIENT TOTAL	35	206	т	225,596.54		1095.13	.532	т.	6445.62	4	582.94
HSC HOSPITALS	17	91		111,266.28		1222.71	.235		6545.08		287.51
NON-HSC HOSPITALS TOTAL	19	115		114,330.26					6017.38		295.43
ACCOMMODATIONS	19	115		51,973.11		451.94	.297		2735.43		134.30
ADMINISTRATIVE DAYS	1	21				184.58	.054		3876.18		10.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	94		48,096.93		511.67	.243		2672.05		124.28
ANCILLARIES	19	0		62,357.15		.00	.000		3281.96		161.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	136	717		12,548.83		17.50	1.853		92.27		32.43
MEDICAL	12	14		283.22		20.23	.036		23.60		.73
SURGERY	14	20		797.37		39.87	.052		56.96		2.06
PATHOLOGY	75	333		3,935.72		11.82	.860		52.48		10.17
RADIOLOGY	26	31		1,542.95			.080		59.34		3.99
ROOM USE	69	117		3,955.42			.302		57.32		10.22
CROSSOVERS/ALL OTH OUTPTNT	51	202		2,034.15		10.07	.522		39.89		5.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	76	246	\$	3,956.68	\$	16.08	.636	\$	52.06	\$	10.22
PATHOLOGY	76	246		3,956.68		16.08	.636		52.06		10.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	83	309	\$	30,973.42	\$	100.24	.798	\$	373.17	\$	80.03
CLINIC	35	169		4,220.83		24.98	.437		120.60		10.91
SURGICENTER	1	10		243.41		24.34	.026		243.41		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	50	130		26,509.18		203.92	.336		530.18		68.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 9,816
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MEDICA	LLY	INDIGENT - ADULTS	- TO	TAL					

----- MONTHLY AVERAGE -----387 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 32 93 2,799.09 30.10 .240 \$ 87.47 \$ 7.23 .00 .000 DURABLE MED. EQUIP. 0 0 .00 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 0 .00 70 .181 MEDICAL TRANSPORTATION 14 1,260.69 18.01 90.05 3.26 AMBULANCES/AIR TRANS 59 1,196.00 20.27 .152 99.67 3.09 OTHER TRANS 11 64.69 5.88 .028 32.35 .17 OTHER SERVICES Ω .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 13 1,365.00 105.00 105.00 GENETIC DISEASE TESTING .034 3.53 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 71.52 8.94 OPTICIAN .021 17.88 .18 .000 PHYSICAL THERAPIST .00 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 101.88 50.94 101.88 PROSTHETIST/ORTHOTISTS .005 .26 PROSTHETICS 101.88 50.94 .005 101.88 .26 .00 ORTHOTICS .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 .047 \$ 22360.00 \$ @CALIF. CHILDREN SERVICES* 22,360.00 1242.22 57.78 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR ALL AGED

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

24,861 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19,954	675,882 \$		26,070,434.82	\$	38.57	27.186	\$	1306.53		1048.65
@PHYSICIANS SERVICES	2,695	6,724 \$	5	161,919.86	\$	24.08	.270	\$	60.08	\$	6.51
OUTPATIENT VISITS	334	501		17,793.64		35.52	.020		53.27		.72
OFFICE VISITS	299	437		14,003.32		32.04	.018		46.83		.56
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	41	46		3,295.92		71.65	.002		80.39		.13
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	15	18		494.40		27.47	.001		32.96		.02
INPATIENT VISITS	52 38	184		8,254.13		44.86	.007		158.73		.33
HOSPITAL VISITS	38	157		7,149.67		45.54	.006		188.15		. 29
CRITICAL CARE	13	2 25		243.20 861.26		121.60 34.45	.000		121.60 66.25		.01 .03
SNF/ICF/TRANS IP CARE	32	48		2,040.37		42.51	.001		63.76		.03
OPHTHALMOLOGICAL SERVICES EXAMINATIONS	30	46		1,983.91		43.13	.002		66.13		.08
SERVICES AND MATERIALS	2	2		56.46		28.23	.002		28.23		.00
INPATIENT HOSPITAL SURGERY	19	84		11,254.92		133.99	.003		592.36		.45
PRINCIPAL SURGEON	12	18		8,628.23		479.35	.003		719.02		.35
ASSISTANT SURGEON	4	4		1,278.45		319.61	.000		319.61		.05
ANESTHESIOLOGIST	8	62		1,348.24		21.75	.002		168.53		.05
OUTPATIENT SURGERY	49	136		17,111.70		125.82	.005		349.22		.69
PRINCIPAL SURGEON	43	53		14,589.19		275.27	.002		339.28		.59
ASSISTANT SURGEON	3	3		435.90		145.30	.000		145.30		.02
ANESTHESIOLOGIST	12	80		2,086.61		26.08	.003		173.88		.08
DIALYSIS	5	12		439.32		36.61	.000		87.86		.02
PATHOLOGY	47	71		1,270.38		17.89	.003		27.03		.05
RADIOLOGY	152	294		12,779.79		43.47	.012		84.08		.51
PSYCHIATRY	5	5		164.90		32.98	.000		32.98		.01
IMMUNIZATION AND INJECTION	14	25		163.33		6.53	.001		11.67		.01
OTHER SERVICES/ALL X-OVERS	2,313	5,364		90,647.38		16.90	.216		39.19		3.65
@PHARMACY	17,211	288,434 \$	5	4,288,557.48	\$	14.87	11.602	\$	249.18	\$	172.50
PRESCRIPTION DRUGS	17,008	78,149		4,155,694.09		53.18	3.143		244.34		167.16
SNF/ICF	6,087	35,408		1,587,294.52		44.83	1.424		260.77		63.85
OUTPATIENTS	11,105	42,741		2,568,399.57		60.09	1.719		231.28		103.31
MEDICAL SUPPLIES	1,482	210,285		132,863.39		.63	8.458		89.65		5.34
@DENTIST	1,245	3,830 \$	5	223,697.55	\$	58.41	.154	\$	179.68	\$	9.00
VISITS - DIAGNOSTIC	821	2,163		34,094.00		15.76	.087		41.53		1.37
ORAL SURGERY	162	473		20,584.75		43.52	.019		127.07		.83
DRUGS	1	1		25.00		25.00	.000		25.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	28	28		4,373.00		156.18	.001		156.18		.18
ENDODONTICS	34	50		11,452.00		229.04	.002		336.82		.46
RESTORATIVE DENTISTRY	201	440		40,663.00		92.42	.018		202.30		1.64
PROSTHETICS	13	13		440.00		33.85	.001		33.85		.02
DENTURES, STAYPLATES	278	605		111,390.80		184.12	.024		400.69		4.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES				.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	33	57		.00 675.00		.00 11.84	.002		.00 20.45		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	י זער י		ים רחם			חבים		Ъ	.03 AGE 9,818
MOP024	FEE-FOR-SERVICE) 141	IONTH-OF-PAIMENT R	EPOR	I FOR UAN	2003 IHKU	טפֿכ	2003	Ρ.	01/29/04
PLACER COUNTY		VICES FOR ALL AGED									01/29/04
FLIACEN COUNTI	NAME TO LAMBINOUS	TOES FOR ALL AGED					N	ייארו	HLY AVERA	CF.	
24,861 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST	UNITS/DAY				COST PER
21,001 111011110	ODLIG	OR DAYS OF CARE		1771 11701 101(110			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	415	1,103 \$	5	22,692.39	\$.044		54.68		.91
DIAGNOSTIC AND ANC. PROCED	70	70		2,919.42	~	41.71	.003	τ.	41.71	7	.12
	. 3	. •		=, = = = = = = = = = = = = = = = = = =							•

EYE APPLIANCES	294	873	15,075.33	17.27	.035	51.28	.61
OTHER OPTOMETRIC SERVICES	104	160	4,697.64	29.36	.006	45.17	.19
@CHIROPRACTOR	5	12 \$		\$ 15.43	.000 \$	37.04 \$.01
VISITS	3	8	133.76	16.72	.000	44.59	.01
OTHER SERVICES	2	4	51.43	12.86	.000	25.72	.00
@PODIATRIST	981	1,121 \$		\$ 8.86	.045 \$	10.12 \$.40
MEDICINE/INJECTIONS	8 1	8	250.30 19.00	31.29	.000	31.29 19.00	.01 .00
SURGERY/ANES.	0	1 0	.00	19.00 .00	.000	.00	.00
RADIO./PATHOLOGY OTHER	974	1,112	9,660.87	8.69	.045	9.92	.39
@HOME HEALTH AGENCY	7	67 \$		\$ 72.24	.003 \$	691.40 \$.19
NURSE ANESTHESIST		25 \$		\$ 2.21	.001 \$	27.64 \$.00
NURSE MIDWIFE	0	0 ¢		\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 Ş 0 \$		\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	1	25 \$ 0 \$ 0 \$ 1 \$ 7,998 \$ 1,000	82.70	\$ 82.70	.000 \$	82.70 \$.00
@TOTAL HOSPITAL	1 1,015	7,998 \$	714,338.75	\$ 89.31	.322 \$		28.73
HOSP INPATIENT TOTAL	213	1,000	603,884.94	603.88	.040	2835.14	24.29
HSC HOSPITALS	43	216	246,499.38	1141.20	.009	5732.54	9.92
NON-HSC HOSPITAL TOTAL	18	94	232,414.42	2472.49		12911.91	9.35
ACCOMMODATIONS	18	94	60,155.89	639.96	.004	3341.99	2.42
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	93	59,924.59	644.35	.004	3524.98	2.41
ANCILLARIES	18	0	172,258.53	.00	.000	9569.92	6.93
INPATIENT CROSSOVERS	154	690	124,971.14	181.12	.028	811.50	5.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	826	6,998	110,453.81	15.78	.281	133.72	4.44
MEDICAL	31	49	1,620.32	33.07	.002	52.27	.07
SURGERY	17	19	1,801.38	94.81	.001	105.96	.07
PATHOLOGY	58	344	2,911.88	8.46	.014	50.20	.12
RADIOLOGY	38 77	61 110	4,397.23 4,354.17	72.09 39.58	.002 .004	115.72 56.55	.18 .18
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	7/2	6,415	95,368.83	14.87	.258	128.53	3.84
@COUNTY HOSPITAL TOTAL	742	6 \$	17.73CR S	\$ 2.96CR	.000 \$	5.91CR\$.00
CO HOSPITAL INPATIENT TOTAL	3	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	Ö	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6	17.73CR	2.96CR	.000	5.91CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0		.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		0 6	.00 17.73CR	.00 2.96CR	.000	.00 5.91CR	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					AGE 9,819
MOP024	FEE-FOR-SERVICE		ONIII-OF-FAIMENI KEF	OKI FOR UAN Z	003 IIIKO DEC	2003 F	01/29/04
PLACER COUNTY		ICES FOR ALL AGED					01/25/01
THICH COUNT	BOTH HILL OF BEILT	TODO TOTO TIED TIGID			MONT	HLY AVERAGE	
24,861 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES A	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,012	7,992 \$		\$ 89.38	.321 \$	705.89 \$	28.73
COMM HOSP INPATIENT TOTAL	213	1,000	603,884.94	603.88	.040	2835.14	24.29
HSC HOSPITALS	43	216	246,499.38	1141.20	.009	5732.54	9.92

ACCOMMODATIONS 18 94 60,155.89 639.96 .004 3341.99 ADMINISTRATIVE DAYS 1 1 231.30 231.30 .000 231.30	2.42 .01 .00 2.41
ADMINISTRATIVE DAYS 1 1 231.30 231.30 .000 231.30	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	2 41
ALL OTHER ACCOM 17 93 59,924.59 644.35 .004 3524.98	۷. ۱⊥
ANCILLARIES 18 0 172,258.53 .00 .000 9569.92	6.93
INPATIENT CROSSOVERS 154 690 124,971.14 181.12 .028 811.50	5.03
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
COMM HOSP OUTPATIENT TOTAL 823 6,992 110,471.54 15.80 .281 134.23	4.44
MEDICAL 31 49 1,620.32 33.07 .002 52.27	.07
SURGERY 17 19 1,801.38 94.81 .001 105.96	.07
PATHOLOGY 58 344 2,911.88 8.46 .014 50.20	.12
RADIOLOGY 38 61 4,397.23 72.09 .002 115.72	.18
ROOM USE 77 110 4,354.17 39.58 .004 56.55	.18
CROSSOVERS/ALL OTH OUTPINT 739 6,409 95,386.56 14.88 .258 129.08	3.84
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,557	212,117	\$	19,717,131.98	\$	92.95	8.532	\$	3007.04	\$	793.09
LEV A-INTERMEDIATE	226	7,355		351,542.92		47.80	.296		1555.50		14.14
LEV B-REHAB MD	27	873		87,853.81		100.63	.035		3253.84		3.53
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	283		117,758.98		416.11	.011		13084.33		4.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,302	203,606		19,159,976.27		94.10	8.190		3040.30		770.68
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	89	369	\$	51,228.35	\$	138.83	.015	\$	575.60	\$	2.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	89	369		51,228.35		138.83	.015		575.60		2.06
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	142	596	\$	6,543.84	\$	10.98	.024	\$	46.08	\$.26
PATHOLOGY	121	556		6,252.30		11.25	.022		51.67		.25
XO AND OTHERS	21	40		291.54		7.29	.002		13.88		.01
@ORGANIZED OUTPATIENT CLINIC	607	955	\$	107,076.85	\$	112.12		\$	176.40	\$	4.31
CLINIC	5	11		1,753.57		159.42	.000		350.71		.07
SURGICENTER	40	71		8,363.93		117.80	.003		209.10		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	563	873		96,959.35		111.06	.035		172.22		3.90
#CALIF DEPT OF HEALTH SERV			JRES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 9,820
MOP024	FEE-FOR-SERVICE/DI										01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR ALL AC	GED								
04 061							M	ONT	HLY AVERA	GE ·	

24,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,677	152,530 \$	762,154.61	\$ 5.00	6.135 \$		_
DURABLE MED. EQUIP.	186	1,132	77,359.96	68.34	.046	415.91	3.11
BLOOD BANK	0	_,	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	28	9,779.69	349.27	.001	444.53	.39
MEDICAL TRANSPORTATION	643	27,509	91,403.80	3.32	1.107	142.15	3.68
AMBULANCES/AIR TRANS	49	338	5,203.20	15.39	.014	106.19	.21
OTHER TRANS	573	26,956	85,299.42	3.16	1.084	148.86	3.43
OTHER SERVICES	26	215	901.18	4.19	.009	34.66	.04
ACUPUNCTURE	7	11	210.85	19.17	.000	30.12	.01
ADULT DAY HEALTH CARE CTR	342	4,602	318,685.81	69.25	.185	931.83	12.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	123	883	49,998.42	56.62	.036	406.49	2.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	368	827	10,461.17	12.65	.033	28.43	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	129	241	676.27	2.81	.010	5.24	.03
PROSTHETIST/ORTHOTISTS	20	33	1,098.05	33.27	.001	54.90	.04
PROSTHETICS	19	32	1,001.55	31.30	.001	52.71	.04
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	23	23	237.92	10.34	.001	10.34	.01
SPEECH AND AUDIOLOGY	105	163	17,053.85	104.62	.007	162.42	.69
HOSPICE SERVICES	43	1,164	116,965.61	100.49	.047	2720.13	4.70
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 851 115,914 68,223.21 .59 4.662 80.17 @CALIF. CHILDREN SERVICES* 2 3 \$ 77.20 \$ 25.73 .000 \$ 38.60 \$ @XOVER EXCLUDING STATE HOSP** 4,884 52,742 \$ 690,036.09 \$ 13.08 2.121 \$ 141.29 \$.59 2.74 .00 2.121 \$ 141.29 \$ 27.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,821 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1 210211 0001111	Solumet of Self.	1020 1011 1122 22112			MON'	THLY AVERA	GE
1,396 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,074	93,784 \$	1,002,140.44	\$ 10.69	67.181 \$		\$ 717.87
@PHYSICIANS SERVICES	292	911 \$	27,680.99	\$ 30.39	.653 \$	94.80	\$ 19.83
OUTPATIENT VISITS	124	160	5,873.87	36.71	.115	47.37	4.21
OFFICE VISITS	94	115	3,740.97	32.53	.082	39.80	2.68
HOME VISITS	2	2	68.60	34.30	.001	34.30	.05
EMERGENCY ROOM	25	31	1,741.54	56.18	.022	69.66	1.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12	322.76	26.90	.009	26.90	.23
INPATIENT VISITS	15	29	1,063.67	36.68	.021	70.91	.76
HOSPITAL VISITS	4	14	582.87	41.63	.010	145.72	.42
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15	480.80	32.05	.011	43.71	.34
OPHTHALMOLOGICAL SERVICES	6	7	288.22	41.17	.005	48.04	.21
	6	7	288.22	41.17	.005	48.04	.21
EXAMINATIONS SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,227.80	613.90	.001	613.90	.88
	2	2	1,227.80	613.90			.88
PRINCIPAL SURGEON	0	0			.001	613.90	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16 12	43 18	7,311.21	170.03	.031	456.95	5.24
PRINCIPAL SURGEON			6,247.41	347.08	.013	520.62	4.48
ASSISTANT SURGEON	1 6	1 24	232.32	232.32	.001	232.32	.17
ANESTHESIOLOGIST	-		831.48	34.65	.017	138.58	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10 40	12	157.47	13.12	.009	15.75	.11
RADIOLOGY		58	6,641.95	114.52	.042	166.05	4.76
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	59.04	9.84	.004	19.68	.04
OTHER SERVICES/ALL X-OVERS	141	594	5,057.76	8.51	.426	35.87	3.62
@PHARMACY	879	47,178 \$	346,721.47	\$ 7.35	33.795 \$		
PRESCRIPTION DRUGS	849	3,804	319,504.91	83.99	2.725	376.33	228.87
SNF/ICF	115	954	62,821.80	65.85	.683	546.28	45.00
OUTPATIENTS	743	2,850	256,683.11	90.06	2.042	345.47	183.87
MEDICAL SUPPLIES	171	43,374	27,216.56	.63	31.070	159.16	19.50
@DENTIST	70	291 \$	11,194.00	\$ 38.47	.208 \$		
VISITS - DIAGNOSTIC	49	173	2,542.00	14.69	.124	51.88	1.82
ORAL SURGERY	9	14	613.00	43.79	.010	68.11	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	5	200.00	40.00	.004	50.00	.14
ENDODONTICS	3	3	590.00	196.67	.002	196.67	.42
RESTORATIVE DENTISTRY	26	70	3,707.00	52.96	.050	142.58	2.66
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	8	25	3,512.00	140.48	.018	439.00	2.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES
ALL OTHER SERVICES

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

01/29/04

DI ACID COIMINI	CITINGS OF THE	\sim $-$	CDDIIIC		ALL BLIND
PLACER COUNTY	SHIMMARY) H	SHRVICES	HUR	ALIL BLIND

							M				
1,396 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST					COST PER
,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	34	82	\$	3,534.58	\$	43.10	.059	\$	103.96	\$	2.53
DIAGNOSTIC AND ANC. PROCED	11	12	•	655.18	•	54.60	.009	-	59.56	•	.47
EYE APPLIANCES	21	55		2,369.11		43.07	.039		112.81		1.70
OTHER OPTOMETRIC SERVICES	11	15		510.29		34.02	.011		46.39		.37
@CHIROPRACTOR	4	6	\$	100.32	\$	16.72	.004	\$	25.08	\$.07
VISITS	4	6	•	100.32		16.72	.004	•	25.08		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	26	\$	404.66	\$	15.56	.019	Ś	18.39	\$.29
MEDICINE/INJECTIONS	3	3	-	93.80	т	31.27	.002	т.	31.27	т	.07
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	19	23		310.86		13.52	.016		16.36		.22
@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	1	8	\$	20.30	\$	2.54	.006		20.30	\$.01
NURSE MIDWIFE	0	Ö	Š	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	Ö	Ġ	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ģ	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	106	634	ڄ ٻ			120.26	.454		719.30		54.62
HOSP INPATIENT TOTAL	18	83	Ą	64,287.38	Ą	774.55	.059	Ą	3571.52	Ą	46.05
HSC HOSPITALS	6	43		52,437.39		1219.47	.031		8739.57		37.56
NON-HSC HOSPITAL TOTAL	1	4		3,210.62		802.66	.003		3210.62		2.30
ACCOMMODATIONS	1	4		1,871.91		467.98	.003		1871.91		1.34
	0	0		•			.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	1	4		.00		.00					.00
ALL OTHER ACCOM	1	0		1,871.91 1,338.71		467.98	.003		1871.91 1338.71		1.34 .96
ANCILLARIES	11	36				.00 239.98			785.40		
INPATIENT CROSSOVERS	0	0		8,639.37			.026				6.19
ALL OTHER INPATIENT	90			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL		551		11,958.55		21.70	.395		132.87		8.57
MEDICAL	8 6	14 6		585.74		41.84	.010		73.22 90.64		.42 .39
SURGERY				543.83		90.64	.004				
PATHOLOGY	14	58		640.41		11.04	.042		45.74		.46
RADIOLOGY	20 36	29		1,597.57		55.09	.021		79.88		1.14
ROOM USE		48		2,035.18		42.40	.034		56.53		1.46
CROSSOVERS/ALL OTH OUTPTNT	61	396		6,555.82		16.56	.284		107.47		4.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .000 .00 0 .00 .00 PAGE 9,823

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY	SUMMARY OF SERV	VICES FOR ALL BLII	ND								
									HLY AVERA		
1,396 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	ļ	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	634	\$	76,245.93	\$	120.26	.454	\$	719.30	\$	54.62
COMM HOSP INPATIENT TOTAL	18	83		64,287.38		774.55	.059		3571.52		46.05
HSC HOSPITALS	6	43		52,437.39			.031		8739.57		37.56
NON-HSC HOSPITALS TOTAL	1	4		3,210.62		1219.47 802.66	.003		3210.62		2.30
ACCOMMODATIONS	1	4		1,871.91		467.98	.003		1871.91		1.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,871.91		467.98	.003		1871.91		1.34
ANCILLARIES	1	43 4 4 0 0 4 0 36 0		1,338.71		.00	.000		1338.71		.96
INPATIENT CROSSOVERS	11	36		8,639.37		239.98			785.40		6.19
	11	36					.026				
ALL OTHER INPATIENT	0 90	U 5.51		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL		551		11,958.55		21.70	.395		132.87		8.57
MEDICAL	8	14		585.74		41.84	.010		73.22		.42
SURGERY	6	6		543.83		90.64	.004		90.64		.39
PATHOLOGY	14	58		640.41		11.04	.042		45.74		.46
RADIOLOGY	20	29		1,597.57		55.09	.021		79.88		1.14
ROOM USE	36	48		2,035.18		42.40	.034		56.53		1.46
CROSSOVERS/ALL OTH OUTPTNT		396		6,555.82		16.56	.284		107.47		4.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	92	2,656	\$	302,489.88	\$	113.89	1.903	\$	3287.93	\$	216.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 92 12	0		.00		.00	.000		.00		.00
LEV B-REGULAR	92	2,656		302,489.88		113.89	1.903		3287.93		216.68
@INTERMEDIATE CARE FACILDD	12	365	\$	60,010.35	\$	164.41	.261	Ś		Ś	42.99
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	365		60,010.35		164.41	.261		5000.86		42.99
@HEMODIALYSIS TOTAL	59	140	\$	31,930.83	\$	228.08	.100	ė,		ė,	22.87
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	59	140				228.08	.100		541.20		22.87
HEMODIALYSIS CENTER	1	2	4	31,930.83	4			4		4	
@REHABILITATION FACILITY	0	0	\$	51.88	\$	25.94	.001	Ş	51.88	Ş	.04
HOSPITAL BASED				.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	2		51.88	4	25.94	.001		51.88		.04
@LABORATORY FACILITY	38	223	\$	2,904.28	\$	13.02	.160	Ş	76.43	Ş	2.08
PATHOLOGY	37	222		2,887.74		13.01	.159		78.05		2.07
XO AND OTHERS	1	1		16.54		16.54	.001		16.54		.01
@ORGANIZED OUTPATIENT CLINIC	96	178	\$	16,225.97	\$	91.16	.128	\$	169.02	\$	11.62
CLINIC	16	41		1,529.92		37.32	.029		95.62		1.10
SURGICENTER	5	14		883.91		63.14	.010		176.78		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	77	123		13,812.14		112.29	.088		179.38		9.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT RI	EPOR	r for Jan 2	2003 THRU	DEC	2003	P	AGE 9,824
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
PLACER COUNTY		VICES FOR ALL BLII	ND								
							M	IONT	HLY AVERA	GE	
1,396 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
,		OR DAYS OF CARE		3 		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	268	41,084	\$	122,625.00	\$	2.98	29.430				87.84
	=	,		=,:=::00	т.			т		,	

DURABLE MED. EQUIP.	16	53	14,529.63	274.14	.038	908.10	10.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	87	16,856	49,743.84	2.95	12.074	571.77	35.63
AMBULANCES/AIR TRANS	14	115	1,630.29	14.18	.082	116.45	1.17
OTHER TRANS	75	16,701	47,966.74	2.87	11.963	639.56	34.36
OTHER SERVICES	4	40	146.81	3.67	.029	36.70	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	352	24,471.22	69.52	.252	978.85	17.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	39	5,430.51	139.24	.028	387.89	3.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	41	896.09	21.86	.029	42.67	.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	15	219.08	14.61	.011	43.82	.16
PROSTHETIST/ORTHOTISTS	5	7	1,048.71	149.82	.005	209.74	.75

PROSTHETICS	5	7	1,048.71	149.82	.005	209.74	.75
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	85	3,212.10	37.79	.061	123.54	2.30
HOSPICE SERVICES	0	0	12.92	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	7,749	18,595.38	2.40	5.551	299.93	13.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	15,886	4,440.52	.28	11.380	87.07	3.18
@CALIF. CHILDREN SERVICES*	53	28,018	\$ 51,923.33	\$ 1.85	20.070	\$ 979.69	\$ 37.19
@XOVER EXCLUDING STATE HOSP**	223	1,340	\$ 63,011.04	\$ 47.02	.960	\$ 282.56	\$ 45.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,825

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

PLACER COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLE	D		14017		-
5.4. 5.4.5. DI TOTRI DO	Hanna				MON'		
54,547 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	40 104	OR DAYS OF CARE	26 000 000 56	PER UNIT/DAY		USER	ELIGIBLE
	42,134	1,200,308 \$	36,077,903.56	\$ 30.06	22.005 \$		
@PHYSICIANS SERVICES	12,427	41,846 \$	1,645,804.19	\$ 39.33	.767 \$		
OUTPATIENT VISITS	6,817	10,463	388,277.83	37.11	.192	56.96	7.12
OFFICE VISITS	4,930	7,059	218,931.12	31.01	.129	44.41	4.01
HOME VISITS	125	158	5,449.18	34.49	.003	43.59	.10
EMERGENCY ROOM	1,878	2,382	140,544.26	59.00	.044	74.84	2.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	27	2,228.86	82.55	.000	111.44	.04
OTHER OUTPATIENT	681	837	21,124.41	25.24	.015	31.02	.39
INPATIENT VISITS	839	4,236	189,510.74	44.74	.078	225.88	3.47
HOSPITAL VISITS	652	3,716	154,408.63	41.55	.068	236.82	2.83
CRITICAL CARE	51	187	23,890.84	127.76	.003	468.45	.44
SNF/ICF/TRANS IP CARE	204	333	11,211.27	33.67	.006	54.96	.21
OPHTHALMOLOGICAL SERVICES	113	142	5,667.95	39.92	.003	50.16	.10
EXAMINATIONS	111	140	5,611.49	40.08	.003	50.55	.10
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	401	2,562	239,682.71	93.55	.047	597.71	4.39
PRINCIPAL SURGEON	308	592	186,054.49	314.28	.011	604.07	3.41
ASSISTANT SURGEON	45	47	9,598.60	204.23	.001	213.30	.18
ANESTHESIOLOGIST	148	1,923	44,029.62	22.90	.035	297.50	.81
OUTPATIENT SURGERY	830	1,798	163,557.74	90.97	.033	197.06	3.00
PRINCIPAL SURGEON	701	922	136,624.96	148.18	.017	194.90	2.50
ASSISTANT SURGEON	15	15	1,749.74	116.65	.000	116.65	.03
ANESTHESIOLOGIST	180	861	25,183.04	29.25	.016	139.91	.46
DIALYSIS	76	297	23,392.12	78.76	.005	307.79	.43
PATHOLOGY	775	1,456	28,286.44	19.43	.027	36.50	.52
RADIOLOGY	2,797	5,964	295,001.55	49.46	.109	105.47	5.41
PSYCHIATRY	102	108	3,602.15	33.35	.002	35.32	.07
IMMUNIZATION AND INJECTION	358	1,397	23,325.35	16.70	.026	65.15	.43
OTHER SERVICES/ALL X-OVERS	5,106	13,423	285,499.61	21.27	.246	55.91	5.23
@PHARMACY	35,279	543,616 \$	16,134,686.77		9.966 \$		
PRESCRIPTION DRUGS	34,946	159,071	14,930,275.47	93.86	2.916	427.24	273.71
SNF/ICF	1,731	14,392	901,563.05	62.64	.264	520.83	16.53
OUTPATIENTS	33,475	144,679			2.652	419.08	257.19
MEDICAL SUPPLIES	2,717	384,545	1,204,411.30	96.96 3.13	7.050	443.29	22.08
@DENTIST	3,415	14,106 \$		\$ 44.27	.259 \$		
VISITS - DIAGNOSTIC	2,159	8,297	108,213.75	13.04	.152	50.12	1.98
ORAL SURGERY	478	1,409	62,729.50	44.52	.026	131.23	1.15
Oldin Doughiti	470	I, 402	02,725.50	11.52	.020	171.47	1.10

DRUGS	17	18		375.00		20.83	.000	22.06		.01
ANESTHESIA	11	11		1,100.00		100.00	.000	100.00		.02
PERIODONTICS	183	221		30,729.00		139.05	.004	167.92		.56
ENDODONTICS	229	342		76,975.00		225.07	.006	336.14		1.41
RESTORATIVE DENTISTRY	1,147	2,760		221,105.75		80.11	.051	192.77		4.05
PROSTHETICS	35	42		1,514.00		36.05	.001	43.26		.03
DENTURES, STAYPLATES	318	809		115,870.25		143.23	.015	364.37		2.12
CDACE MATNEATNEDC	7	1		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	6	4		1,390.00		347.50	.000	231.67		.03
FRACTURES DISLOCATIONS	1 6 0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	45	59 122		4,480.00		75.93	.001	99.56		.08
MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	66	133		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MO		RPORT				P	AGE 9,826
MOP024	FEE-FOR-SERVICE		10	01 111111111111111111111111111111	CDI OIC	1 1010 01110 2	ioos iiiio bi	10 2005		01/29/04
PLACER COUNTY		ICES FOR ALL DIS	ABLED)						01/25/01
12110211 0001111	0011111111 01 01111	1000 1010 1100 210					MON	THLY AVERA	GE ·	
54,547 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	_	COST PER
, ,		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1,247	3,556	\$	74,697.91	\$.065			1.37
DIAGNOSTIC AND ANC. PROCED	561	565	•	25,366.77		44.90	.010	45.22		.47
EYE APPLIANCES	943	2,779		44,139.49		15.88	.051	46.81		.81
OTHER OPTOMETRIC SERVICES	158	212		5,191.65		24.49	.004	32.86		.10
@CHIROPRACTOR	217	374	\$	6,111.43	\$	16.34	.007	28.16	\$.11
VISITS	204	358		5,920.60		16.54	.007	29.02		.11
OTHER SERVICES	13	16		190.83		11.93	.000	14.68		.00
@PODIATRIST	566	930	\$	13,516.98	\$	14.53	.017	23.88	\$.25
MEDICINE/INJECTIONS	122	135		3,873.60		28.69	.002	31.75		.07
SURGERY/ANES.	11	14		786.80		56.20	.000	71.53		.01
RADIO./PATHOLOGY	5	5		86.50		17.30	.000	17.30		.00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	443	776		8,770.08		11.30	.014	19.80		.16
@HOME HEALTH AGENCY	234	19,060	\$	625,806.91	\$	32.83	.349		\$	11.47
NURSE ANESTHESIST	17	181	\$	696.56	\$	3.85	.003		\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00
FAMILY NURSE PRACTITIONER	35	78	\$	1,809.14	\$	23.19	.001 \$		\$.03
@TOTAL HOSPITAL	6,191 764	47,058	\$	6,849,872.04		145.56		1106.42	\$	125.58
HOSP INPATIENT TOTAL	764	5,011		5,937,746.28		1184.94	.092	7771.92		108.86
HSC HOSPITALS	379	2,799		3,314,402.77		1184.14	.051	8745.13		60.76
NON-HSC HOSPITAL TOTAL	206	1,437		2,467,258.84		1716.95	.026	11976.98		45.23
ACCOMMODATIONS	205	1,437		843,273.19		586.83	.026	4113.53		15.46
ADMINISTRATIVE DAYS	23	360		81,946.74		227.63	.007	3562.90		1.50
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	764 379 206 205 23 0 189 206 204	1,077		761,326.45		706.90	.020	4028.18		13.96
ANCILLARIES	206	0		1,623,985.65		.00	.000	7883.43		29.77
INPATIENT CROSSOVERS	204	775		156,084.67		201.40	.014	765.12		2.86
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

21.69

43.63

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912,125.76

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HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ALL OTHER ACCOM	1	46	10,639.80	231.30	.001	10639.80	.20	
ANCILLARIES	1	0	19,747.46	.00	.000	19747.46	.36	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	50	248	7,532.27	30.37	.005	150.65	.14	
MEDICAL	21	27	1,087.83	40.29	.000	51.80	.02	
SURGERY	2	2	1,720.96	860.48	.000	860.48	.03	
PATHOLOGY	23	122	1,673.92	13.72	.002	72.78	.03	
RADIOLOGY	5	5	473.49	94.70	.000	94.70	.01	
ROOM USE	35	53	1,853.66	34.97	.001	52.96	.03	
CROSSOVERS/ALL OTH OUTPTNT	14	39	722.41	18.52	.001	51.60	.01	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N					PAGE 9,82	7
MOP024	FEE-FOR-SERVICE		IOIVIII OI IIIIIIIIVI IO	BIORI I OR GINV 2	1005 IIIKO DI	LC 2005	01/29/0	
PLACER COUNTY		JICES FOR ALL DISABLE	מי.				01/25/0	-
TEMBLE COUNTY	BOILING OF BEIC	VICES FOR THE DISTREE			MOI	NTHLY AVERA	3E	
54,547 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
31,317 111011110	OBLIND	OR DAYS OF CARE	DZI DIVDITORED	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,150	46,685 \$	6,706,663.48	\$ 143.66	.856		\$ 122.95	
COMM HOSP INPATIENT TOTAL	758	4,886	5,802,069.99	1187.49	.090	7654.45	106.37	
HSC HOSPITALS	373	2,720	3,209,113.74	1179.82	.050	8603.52	58.83	
NON-HSC HOSPITALS TOTAL	205	1,391		1751.88	.026	11887.18	44.67	
		•	2,436,871.58					
ACCOMMODATIONS	204	1,391	832,633.39	598.59	.026	4081.54	15.26	
ADMINISTRATIVE DAYS	23 0	360	81,946.74	227.63	.007	3562.90	1.50	
TRANSITIONAL IP CARE		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	188	1,031	750,686.65	728.12	.019	3993.01	13.76	
ANCILLARIES	205	0	1,604,238.19	.00	.000	7825.55	29.41	
INPATIENT CROSSOVERS	204	775	156,084.67	201.40	.014	765.12	2.86	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,667	41,799	904,593.49	21.64	.766	159.62	16.58	
MEDICAL	984	1,615	70,551.63	43.69	.030	71.70	1.29	
SURGERY	354	398	17,371.41	43.65	.007	49.07	.32	
PATHOLOGY	1,889	12,257	105,327.98	8.59	.225	55.76	1.93	
RADIOLOGY	1,328	2,151	188,626.08	87.69	.039	142.04	3.46	
ROOM USE	2,811	4,071	151,144.06	37.13	.075	53.77	2.77	
CROSSOVERS/ALL OTH OUTPTNT	3,287	21,307	371,572.33	17.44	.391	113.04	6.81	
@STATE HOSPITAL	12	365 \$	160,243.76	\$ 439.02	.007	\$ 13353.65	\$ 2.94	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	12	365	160,243.76	439.02	.007	13353.65	2.94	
@NURSING FACILITY	993	29,224 \$	3,571,403.17	\$ 122.21	.536	\$ 3596.58	\$ 65.47	
LEV A-INTERMEDIATE	27	845	59,762.45	70.72	.015	2213.42	1.10	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	14	583	317,121.23	543.95	.011	22651.52	5.81	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	955	27,796	3,194,519.49	114.93	.510	3345.05	58.56	
@INTERMEDIATE CARE FACILDD	461	13,962 \$	2,231,621.75	\$ 159.84	.256	\$ 4840.83	\$ 40.91	
ICF DDH	158	4,746	648,152.02	136.57	.087	4102.23	11.88	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	303	9,216	1,583,469.73	171.82	.169	5225.97	29.03	
@HEMODIALYSIS TOTAL	257	4,606 \$	236,198.14	\$ 51.28			\$ 4.33	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	

236,198.14

149,967.19

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318

2,324

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4,896

HEMODIALYSIS CENTER

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

4,606

276

200

57

810

11,354

11,297

8,767

76

SURGICENTER	94	385	18,803.67	48.84	.007	200.04	.34
HEROIN DETOX CLINIC	11	185	2,176.04	11.76	.003	197.82	.04
RURAL HEALTH CLINIC	4,506	7,387	1,113,816.03	150.78	.135	247.19	20.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,828
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR ALL DISABI	LED				

						M	ONTHLY AVERA	AGE	
54,547 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	7,295	460,949	\$	2,591,240.34	\$ 5.62	8.450	\$ 355.21	\$	47.50
DURABLE MED. EQUIP.	751	3,873		501,007.30	129.36	.071	667.12		9.18
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	33	38		12,727.44	334.93	.001	385.68		.23
MEDICAL TRANSPORTATION	1,613	79,055		357,259.67	4.52	1.449	221.49		6.55
AMBULANCES/AIR TRANS	942	9,643		128,857.75	13.36	.177	136.79		2.36
OTHER TRANS	689	68,883		199,864.08	2.90	1.263	290.08		3.66
OTHER SERVICES	48	529		28,537.84	53.95	.010	594.54		.52
ACUPUNCTURE	25	59		1,065.08	18.05	.001	42.60		.02
ADULT DAY HEALTH CARE CTR	620	10,168		706,011.34	69.43	.186	1138.73		12.94
GENETIC DISEASE TESTING	14	14		1,370.00	97.86	.000	97.86		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	149	7,910		278,594.25	35.22	.145	1869.76		5.11
OCCUPATIONAL THERAPIST	22	346		1,897.36	5.48	.006	86.24		.03
OPTICIAN	1,052	2,426		27,530.45	11.35	.044	26.17		.50
PHYSICAL THERAPIST	8	63		685.84	10.89	.001	85.73		.01
PORTABLE X-RAY	56	119		1,914.99	16.09	.002	34.20		.04
PROSTHETIST/ORTHOTISTS	137	424		56,759.27	133.87	.008	414.30		1.04
PROSTHETICS	132	413		56,078.37	135.78	.008	424.84		1.03
ORTHOTICS	6	11		680.90	61.90	.000	113.48		.01
PSYCHOLOGIST	23	39		678.83	17.41	.001	29.51		.01
SPEECH AND AUDIOLOGY	1,153	4,647		198,157.04	42.64	.085	171.86		3.63
HOSPICE SERVICES	38	1,037		131,798.81	127.10	.019	3468.39		2.42
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	716	55,456		140,251.55	2.53	1.017	195.88		2.57
EPSDT SUPPLEMENTAL SERVICE	3	152		4,470.32	29.41	.003	1490.11		.08
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1,655	295,123		169,060.80	.57	5.410	102.15		3.10
@CALIF. CHILDREN SERVICES*	702	44,467	\$	921,498.31	\$ 20.72	.815	\$ 1312.68	\$	16.89
@XOVER EXCLUDING STATE HOSP**	6,110	71,007	\$	853,700.99	\$ 12.02	1.302	\$ 139.72	\$	15.65
@* TOTALS IN THESE IINES ARE SIX	TENT AC A CEDAT	ד זארעומטיינע בייעכ	ואיםים	ONT V ·					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,829 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

						MOI	NTHLY AVERA	GE
119,286 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	52,710	273,803	\$	13,855,244.62	\$ 50.60	2.295	262.86	\$ 116.15
@PHYSICIANS SERVICES	24,185	53,302	\$	2,355,674.76	\$ 44.19	.447	97.40	\$ 19.75
OUTPATIENT VISITS	19,716	26,538		959,782.98	36.17	.222	48.68	8.05
OFFICE VISITS	14,069	17,851		555,214.96	31.10	.150	39.46	4.65
HOME VISITS	3	3		121.21	40.40	.000	40.40	.00
EMERGENCY ROOM	4,394	4,997		250,359.80	50.10	.042	56.98	2.10
PREVENTIVE CARE	8	7		308.65	44.09	.000	38.58	.00
OB VISITS/COMPRE PERI	872	1,568		102,270.99	65.22	.013	117.28	.86
OTHER OUTPATIENT	1,948	2,112		51,507.37	24.39	.018	26.44	.43
INPATIENT VISITS	681	2,062		139,919.37	67.86	.017	205.46	1.17
HOSPITAL VISITS	649	1,641		76,105.92	46.38	.014	117.27	.64
CRITICAL CARE	59	418		63,641.75	152.25	.004	1078.67	.53

01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	120	152	6,245.36	41.09	.001	52.04	.05
EXAMINATIONS	108	139	6,031.84	43.39	.001	55.85	.05
SERVICES AND MATERIALS	13	13	213.52	16.42	.000	16.42	.00
INPATIENT HOSPITAL SURGERY	765	3,348	455,520.34	136.06	.028	595.45	3.82
PRINCIPAL SURGEON	505	607	369,605.26	608.90	.005	731.89	3.10
ASSISTANT SURGEON	90	93	16,461.08	177.00	.001	182.90	.14
ANESTHESIOLOGIST	315	2,648	69,454.00	26.23	.022	220.49	.58
OUTPATIENT SURGERY	1,808	3,673	254,398.73	69.26	.031	140.71	2.13
PRINCIPAL SURGEON	1,567	1,952	205,558.14	105.31	.016	131.18	1.72
ASSISTANT SURGEON	21	21	2,405.75	114.56	.000	114.56	.02
ANESTHESIOLOGIST	375	1,700	46,434.84	27.31	.014	123.83	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2,268	2,915	39,536.35	13.56	.024	17.43	.33
RADIOLOGY	4,478	6,767	295,220.98	43.63	.057	65.93	2.47
PSYCHIATRY	227	253	8,343.94	32.98	.002	36.76	.07

IMMUNIZATION AND INJECTION	503	994		50,454.05		50.76	.008		100.31		.42
OTHER SERVICES/ALL X-OVERS	2,007	6,600		146,252.66		22.16	.055		72.87		1.23
@PHARMACY	26,262	76,800	\$	3,773,103.39	\$	49.13	.644	Ś	143.67	Ś	31.63
PRESCRIPTION DRUGS	26,133	58,839	•	3,258,613.91		55.38	.493	•	124.69		27.32
C /- C-		152		6,616.28		43.53	.001		206.76		.06
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	26 118	58,687		3,251,997.63		55.41	.492		124.51		27.26
MEDICAL CUDDLIEC	20,110	17,961		514,489.48		28.64	.151		1018.79		4.31
WEDICAL SUPPLIES	7 002	37,915	\$	•	\$	35.19	.318	۲.	169.25	بے	11.19
@DENTIST	/,003 F 411		Þ		Ą	14.77	.198	Ą		Ą	2.93
VISIIS - DIAGNOSIIC	5,411	23,666		349,583.80					64.61		
ORAL SURGERY	985	1,980		104,580.75		52.82	.017		106.17		.88
DRUGS	511	628		13,412.50		21.36	.005		26.25		.11
ANESTHESIA	30	31		2,675.00		86.29	.000		89.17		.02
PERIODONTICS	105	109		16,055.00		147.29	.001		152.90		.13
ENDODONTICS	855	1,642		231,558.70		141.02	.014		270.83		1.94
RESTORATIVE DENTISTRY	3,047	8,731		532,601.18		61.00	.073		174.80		4.46
PROSTHETICS	36	39		930.00		23.85	.000		25.83		.01
DENTURES, STAYPLATES	91	311		32,449.00		104.34	.003		356.58		. 27
SPACE MAINTAINERS	92	117		14,100.00		120.51	.001		153.26		.12
MAXILLOFACIAL SERVICES	20	22		1,357.89		61.72	.000		67.89		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3,047 36 91 92 20 0 309 241	377		33,944.77		90.04	.003		109.85		.28
ALL OTHER SERVICES	241	262		985.00		3.76	.002		4.09		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU I	DEC	2003	Ρ	AGE 9,830
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	ILIES	5							
							MC	TIO	HLY AVERA	GE	
119,286 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,474	4,171	\$	97,850.71	\$	23.46	.035	\$	66.38	\$.82
DIAGNOSTIC AND ANC. PROCED	1,115	1,118		51,609.92		46.16	.009		46.29		.43
EYE APPLIANCES	1,055	3,000		44,270.62		14.76	.025		41.96		.37
OTHER OPTOMETRIC SERVICES	42	53		1,970.17		37.17	.000		46.91		.02
@CHIROPRACTOR	330	543	\$	8,995.36	\$	16.57	.005	\$	27.26	\$.08
VISITS	330	543	•	8,995.36		16.57	.005	•	27.26		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	136	225	Ś		\$	45.76	.002	Ś	75.71	Ś	.09
MEDICINE/INJECTIONS	110	126	т	4,521.24	- T	35.88	.001	т	41.10	-	.04
SURGERY/ANES.	42 330 330 0 136 110 19 17 28 70	26		2,921.09		112.35	.000		153.74		.02
RADIO./PATHOLOGY	17	20		362.44		18.12	.000		21.32		.00
OTHER	28	53		2,492.26		47.02	.000		89.01		.02
@HOME HEALTH AGENCY	70	7,418	Ś	228,535.40	\$	30.81	.062	\$	3264.79	\$	1.92
NURSE ANESTHESIST	1	7,410	Ġ.	141.18	\$	20.17	.002		141.18	\$.00
NURSE MIDWIFE	11	40	Ģ.	1,217.48	\$	30.44	.000		110.68	\$.01
PEDIATRIC NURSE PRACTITIONER		0	^ن ب	.00	۶ \$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	12	\$ \$	354.21	۶ \$	29.52	.000			\$.00
EAMILI NORSE PRACILITONER	0 211	36,807	بې د				.309		464.55		36.26
@TOTAL HOSPITAL	9,311		Þ	4,325,465.95	Ą	117.52		Ą		Ą	
HOSP INPATIENT TOTAL	/ 50 E 1 7	2,659 1,833		3,447,143.77		1296.41 1220.40	.022		4683.62 4326.88		28.90 18.75
HSC HOSPITALS	51 /			2,236,994.93			.015				
NON-HSC HOSPITAL TOTAL	22⊥	820		1,209,521.21		1475.03	.007		5472.95		10.14
ACCOMMODATIONS	219	820		468,557.35		571.41	.007		2139.53		3.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 4 9,311 736 517 221 219 0 0 219 221	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	219	820		468,557.35		571.41	.007		2139.53		3.93
ANCILLARIES	221	0		740,963.86		.00	.000		3352.78		6.21
											0.1

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

0

1

8,887

1,127

829

2,981

6

0

34,148

1,571

12,471

945

878,322.18

61,805.38

34,618.72

120,556.84

627.63

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104.61

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39.34

36.63

9.67

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627.63

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98.83

54.84

41.76

40.44

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.00

7.36

.52

.29

1.01

RADIOLOGY	2,238	3,049	185,968.49	60.99	.026	83.10	1.56	
ROOM USE	6,886	8,544	327,447.88	38.32	.072	47.55	2.75	
CROSSOVERS/ALL OTH OUTPTNT		7,568	147,924.87	19.55	.063	46.56	1.24	
@COUNTY HOSPITAL TOTAL	17	116 \$	40,646.62	\$ 350.40		2390.98		
CO HOSPITAL INPATIENT TOTAL		28	37,856.00	1352.00	.000	37856.00	.32	
HSC HOSPITALS	1	28	37,856.00	1352.00	.000	37856.00	.32	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	Ö	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	16	88	2,790.62	31.71	.001	174.41	.02	
MEDICAL	10	7	345.12	49.30	.000	57.52	.00	
SURGERY	7	10	402.11	40.21	.000	57.44	.00	
PATHOLOGY	,	28	488.50	17.45	.000	97.70	.00	
RADIOLOGY	1	1	17.79	17.79	.000	17.79	.00	
	11	21	1,184.03	56.38	.000	107.64	.01	
ROOM USE		21	353.07	16.81	.000	39.23	.00	
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		ZI CES AND EXPENDITURES MO					PAGE 9,83	1
MOP024	FEE-FOR-SERVICE		MIH-OF-PAIMENI RI	EPORI FOR UAN	ZUUS IRKU DE(2003	01/29/0	
PLACER COUNTY		JICES FOR ALL FAMILIES	!				01/29/0	7
FLACER COUNTI	DUMPIANT OF BEIN	VICES FOR ALL PAMILIES	•		MONT	מקקעע ע.זעים	GF	
119,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
117,200 EDIGIBLES	OSERS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9,298	36,691 \$	4,284,819.33	\$ 116.78	.308 \$	460.83		
COMM HOSP INPATIENT TOTAL	735	2,631	3,409,287.77	1295.81	.022	4638.49	28.58	
HSC HOSPITALS	735 516	1,805	2,199,138.93	1218.36	.015	4261.90	18.44	
NON-HSC HOSPITALS TOTAL	221	820	1,209,521.21	1475.03	.007	5472.95	10.14	
ACCOMMODATIONS	221 219	820	468,557.35	571.41	.007	2139.53	3.93	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	Õ	Ö	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	219	820	468,557.35	571.41	.007	2139.53	3.93	
ANCILLARIES	221	0	740,963.86	.00	.000	3352.78	6.21	
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,875	34,060	875,531.56	25.71	.286	98.65	7.34	
MEDICAL	1,121	1,564	61,460.26	39.30	.013	54.83	.52	
SURGERY	823	935	34,216.61	36.60	.008	41.58	.29	
PATHOLOGY	2,977	12,443	120,068.34	9.65	.104	40.33	1.01	
RADIOLOGY	2,237	3,048	185,950.70	61.01	.026	83.13	1.56	
ROOM USE	6,877	8,523	326,263.85	38.28	.071	47.44	2.74	
CROSSOVERS/ALL OTH OUTPTNT		7,547	147,571.80	19.55	.063	46.58	1.24	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	Ö	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	5 \$	550.28	\$ 110.06	.000 \$	550.28	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	Õ	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	Ô	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	Ö	.00	.00	.000	.00	.00	
LEV B-REGULAR	1	5	550.28	110.06	.000	550.28	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00	
ICF DDH	0	0	.00	.00	.000 \$.00	.00	
ICF DD	0	Ö	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
QUEMODIAL VOIC TOTAL	10	47 č	6 620 20	.00 d 1/1 0E	000	662 02	. 06	

6,629.29

\$ 141.05

.000 \$ 662.93 \$

.06

@HEMODIALYSIS TOTAL

10

47

\$

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	47	6,629.29	141.05	.000	662.93	.06
@REHABILITATION FACILITY	25	67 \$	2,530.98	\$ 37.78	.001		\$.02
HOSPITAL BASED	24	64	2,467.41	38.55	.001	102.81	.02
INDEPENDENT FACILITY	1	3	63.57	21.19	.000	63.57	.00
@LABORATORY FACILITY	3,693	12,257 \$	182,370.66	\$ 14.88	.103	\$ 49.38	\$ 1.53
PATHOLOGY	3,693	12,257	182,370.66	14.88	.103	49.38	1.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,278	10,979 \$	1,176,108.57	\$ 107.12	.092	\$ 222.83	\$ 9.86
CLINIC	1,552	4,670	130,679.54	27.98	.039	84.20	1.10
SURGICENTER	123	760	21,216.59	27.92	.006	172.49	.18
HEROIN DETOX CLINIC	3	36	380.33	10.56	.000	126.78	.00
RURAL HEALTH CLINIC	3,676	5,513	1,023,832.11	185.71	.046	278.52	8.58
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES		EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 9,832
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
PLACER COUNTY		ICES FOR ALL FAMIL	IES				
					MO	NTHLY AVERA	GE
119,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,026	33,208 \$	351,185.78	\$ 10.58	.278	\$ 87.23	\$ 2.94
DURABLE MED. EQUIP.		602	60,666.97	100.78	.005	236.06	.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	626	6,887	104,455.03	15.17	.058	166.86	.88
AMBULANCES/AIR TRANS	626 612 13	5,852	75,999.62	12.99	.049	124.18	.64
OTHER TRANS	13	1,020	1,905.41	1.87	.009	146.57	.02
OTHER SERVICES	15	15	26,550.00	1770.00	.000	1770.00	.22
ACUPUNCTURE	7	13	232.48	17.88	.000	33.21	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	149	150	15,409.50	102.73	.001	103.42	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	1,248.90	178.41	.000	624.45	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,116	2,381	22,013.77	9.25	.020	19.73	.18
PHYSICAL THERAPIST	, 2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	64	93	7,037.03	75.67	.001	109.95	.06
PROSTHETICS	58	86	6,625.16	77.04	.001	114.23	.06
ORTHOTICS	7	7	411.87	58.84	.000	58.84	.00
PSYCHOLOGIST	1	10	569.77	56.98	.000	569.77	.00
SPEECH AND AUDIOLOGY	134	257	30,274.84	117.80	.002	225.93	. 25
HOSPICE SERVICES	6	144	19,386.72	134.63	.001	3231.12	.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,709	8,173	71,510.71	8.75	.069	41.84	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	Ö	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	57	14,464	18,103.92	1.25	.121	317.61	.15
@CALIF. CHILDREN SERVICES*	522	16,983 \$	1,219,221.57	\$ 71.79	.142		\$ 10.22
@XOVER EXCLUDING STATE HOSP**		756 \$	13,466.51	\$ 17.81	.006		\$.11
	-	·	,,				

PAGE 9,833 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

							MO	NTHLY AVERA	AGE	
8,182 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,999	56,191	\$	1,432,232.26	\$	25.49	6.868	\$ 358.15	\$	175.05
@PHYSICIANS SERVICES	1,678	4,082	\$	217,362.79	\$	53.25	.499	\$ 129.54	\$	26.57

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1,263	1,746		69,245.85	39.66	.213	54.83		8.46
OFFICE VISITS	818	990		33,390.02	33.73	.121	40.82		4.08
HOME VISITS	6	6		224.52	37.42	.001	37.42		.03
EMERGENCY ROOM	303	348		17,146.25	49.27	.043	56.59		2.10
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69		.00
OB VISITS/COMPRE PERI	137	305		15,770.42	51.71	.037	115.11		1.93
OTHER OUTPATIENT	92	96		2,679.95	27.92	.012	29.13		.33
INPATIENT VISITS	110	425		27,450.43	64.59	.052	249.55		3.35
HOSPITAL VISITS	101	279		12,340.76	44.23	.034	122.19		1.51
CRITICAL CARE	15	142		14,955.07	105.32	.017	997.00		1.83
SNF/ICF/TRANS IP CARE	2	4		154.60	38.65	.000	77.30		.02
OPHTHALMOLOGICAL SERVICES	16	17		695.06	40.89	.002	43.44		.08
EXAMINATIONS	16	17		695.06	40.89	.002	43.44		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	117	464		63,117.66	136.03	.057	539.47		7.71
PRINCIPAL SURGEON	85	95		52,312.64	550.66	.012	615.44		6.39
ASSISTANT SURGEON	13	14		2,426.78	173.34	.002	186.68		.30
ANESTHESIOLOGIST	41	355		8,378.24	23.60	.043	204.35		1.02
OUTPATIENT SURGERY	138	263		17,291.21	65.75	.032	125.30		2.11
PRINCIPAL SURGEON	113	147		13,916.42	94.67	.018	123.15		1.70
ASSISTANT SURGEON	3	3		255.04	85.01	.000	85.01		.03
ANESTHESIOLOGIST	30	113		3,119.75	27.61	.014	103.99		.38
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	148	230		4,234.24	18.41	.028	28.61		.52
RADIOLOGY	368	612		25,104.22	41.02	.075	68.22		3.07
PSYCHIATRY	5	6		197.88	32.98	.001	39.58		.02
IMMUNIZATION AND INJECTION	38	83		1,681.21	20.26	.010	44.24		.21
OTHER SERVICES/ALL X-OVERS	120	236		8,345.03	35.36	.029	69.54		1.02
	1,796	11,545	۲.	238,201.42				۲.	29.11
@PHARMACY			\$			1.411 \$		Þ	
PRESCRIPTION DRUGS	1,786	3,790		229,499.15	60.55	.463	128.50		28.05
SNF/ICF	13	107		4,249.25	39.71	.013	326.87		.52
OUTPATIENTS	1,775	3,683		225,249.90	61.16	.450	126.90		27.53
MEDICAL SUPPLIES	55	7,755		8,702.27	1.12	.948	158.22		1.06
@DENTIST	432	2,087	\$	66,992.44	\$ 32.10	.255 \$		Ś	8.19
VISITS - DIAGNOSTIC	327	1,375	٧	21,640.69	15.74	.168	66.18	Y	2.64
ORAL SURGERY	44	82		4,794.00	58.46	.010	108.95		.59
DRUGS	24	30		575.00	19.17	.004	23.96		.07
ANESTHESIA	2	2		200.00	100.00	.000	100.00		.02
PERIODONTICS	3	3		318.00	106.00	.000	106.00		.04
ENDODONTICS	33	49		7,272.00	148.41	.006	220.36		.89
RESTORATIVE DENTISTRY	156	494		30,750.75	62.25	.060	197.12		3.76
	130	0		.00	.00	.000	.00		.00
PROSTHETICS	0								
DENTURES, STAYPLATES	2	5		269.00	53.80	.001	134.50		.03
SPACE MAINTAINERS	1	2		320.00	160.00	.000	320.00		.04
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	16	19		778.00	40.95	.002	48.63		.10
ALL OTHER SERVICES	15	26		75.00	2.88	.003	5.00		.01
								D 7.6	
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAG	•
MOP024	FEE-FOR-SERVICE								01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR ALL MEI	DICAL	LY INDIGENT					
						MON	THLY AVERA	√GE	
8,182 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
0,	5.2	OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	109	293	\$	6,889.55	\$ 23.51	.036 \$.84
			Ą		•			Ą	
DIAGNOSTIC AND ANC. PROCED	89	90		4,046.29	44.96	.011	45.46		.49
EYE APPLIANCES	70	202		2,831.85	14.02	.025	40.46		.35
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41		.00
edithopp a deop									
@CHIROPRACTOR	10	16	\$	267.52	\$ 16.72	.002 \$	26.75	\$.03
VISITS			\$		\$ 16.72 16.72	.002 \$.002	26.75 26.75	\$.03

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	25	\$ 951.01	\$ 38.04	.003	\$ 79.25	\$.12
MEDICINE/INJECTIONS	12	16	489.65	30.60	.002	40.80	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3	51.90	17.30	.000	25.95	.01
OTHER	3	6	409.46	68.24	.001	136.49	.05
@HOME HEALTH AGENCY	11	1,394	\$ 45,088.80	\$ 32.34	.170	\$ 4098.98	\$ 5.51
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	8	18	\$ 831.36	\$ 46.19	.002	\$ 103.92	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	749	3,435	\$ 648,623.77	\$ 188.83	.420	\$ 865.99	\$ 79.27
HOSP INPATIENT TOTAL	90	501	584,178.77	1166.03	.061	6490.88	71.40
HSC HOSPITALS	54	310	397,727.96	1282.99	.038	7365.33	48.61
NON-HSC HOSPITAL TOTAL	38	191	186,450.81	976.18	.023	4906.60	22.79
ACCOMMODATIONS	38	191	88,334.75	462.49	.023	2324.60	10.80

ADMINISTRATIVE DAYS	2	31		6,189.18	199.65	.004	3094.59		.76
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	36	160		82,145.57	513.41	.020	2281.82		10.04
	38	0							
ANCILLARIES				98,116.06	.00	.000	2582.00		11.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	693	2,934		64,445.00	21.96	.359	92.99		7.88
MEDICAL	83	108		4,418.57	40.91	.013	53.24		.54
	63								
SURGERY		73		2,563.41	35.12	.009	40.69		.31
PATHOLOGY	277	1,183		13,210.20	11.17	.145	47.69		1.61
RADIOLOGY	176	219		11,947.81	54.56	.027	67.89		1.46
ROOM USE	501	652		23,167.50	35.53	.080	46.24		2.83
CROSSOVERS/ALL OTH OUTPTNT		699		9,137.51	13.07	.085	35.69		1.12
	250		4					4	
@COUNTY HOSPITAL TOTAL	3	34	\$	40,620.30	\$ 1194.71		\$ 13540.10	Ş	4.96
CO HOSPITAL INPATIENT TOTAL	1	31		40,458.00	1305.10	.004	40458.00		4.94
HSC HOSPITALS	1	31		40,458.00	1305.10	.004	40458.00		4.94
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00					
ADMINISTRATIVE DAYS	Ü	Ü		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Ů.	0		40,458.00 .00 .00 .00 .00 .00	.00	.000	.00		.00
	0	0		.00					.00
ALL OTHER INPATIENT	U	Ü		.00	.00	.000	.00		
CO HOSP OUTPATIENT TOTAL	2	3		162.30	54.10	.000	81.15		.02
MEDICAL	1	1		91.32	91.32	.000	91.32		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							.00
RADIOLOGY	U	U		.00	.00	.000	.00		
ROOM USE	2	2		70.98	35.49	.000	35.49		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
	-		ES MO	.00	.00			PA	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MO	.00	.00			PA	.00 GE 9,835
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURE /DENTAL		.00 NTH-OF-PAYMENT R	.00			PA	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURE		.00 NTH-OF-PAYMENT R	.00	2003 THRU I	DEC 2003		.00 GE 9,835 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI		.00 NTH-OF-PAYMENT R Y INDIGENT	.00 EPORT FOR JAN	2003 THRU I	DEC 2003 ONTHLY AVERA	.GE -	.00 GE 9,835 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE		.00 NTH-OF-PAYMENT R	.00 EPORT FOR JAN : AVERAGE COST	2003 THRU 1 MG UNITS/DAYS	DEC 2003 ONTHLY AVERA S COST PER	.GE -	.00 GE 9,835 01/29/04 OST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI		.00 NTH-OF-PAYMENT R Y INDIGENT	.00 EPORT FOR JAN	2003 THRU 1 MG UNITS/DAYS	DEC 2003 ONTHLY AVERA S COST PER USER	.GE C(E:	.00 GE 9,835 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	2003 THRU I MO UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401		.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77	2003 THRU I MO UNITS/DAY: PER ELIG .416	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057	DEC 2003 ONTHLY AVERAS COST PER USER \$ 815.02 6109.22	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .023 .004 .000 .020	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41	2003 THRU I MO UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE /DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00	2003 THRU I MC UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 0	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41	2003 THRU I MO UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000	DEC 2003 ONTHLY AVERA S COST PER	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 0	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000 .000	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 0 2,931	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .00 21.93	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000 .000 .000 .358	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 .93.03	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 160 0 0 2,931 107	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 64,282.70 4,327.25	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .00 .21.93 40.44	2003 THRU I MG UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 64,282.70 4,327.25 2,563.41	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000 .000 .000 .358 .013	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77 40.69	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 2,931 107 73 1,183	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 64,282.70 4,327.25 2,563.41 13,210.20	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12 11.17	2003 THRU I M(UNITS/DAY; PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77 40.69 47.69	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 2 0 36 38 0 0 691 82 63 277 176	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 64,282.70 4,327.25 2,563.41	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12	2003 THRU I MG UNITS/DAYS PER ELIG .416 .057 .034 .023 .023 .004 .000 .020 .000 .000 .000 .358 .013	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 .00 .93.03 52.77 40.69 47.69 67.89	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 2,931 107 73 1,183	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 64,282.70 4,327.25 2,563.41 13,210.20	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12 11.17	2003 THRU I M(UNITS/DAY; PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77 40.69 47.69	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .21.93 40.44 35.12 11.17 54.56 35.53	2003 THRU I MG UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 93.03 52.77 40.69 47.69 67.89 46.29	.GE C(E:	.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499 256	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 0 160 0 0 0 2,931 107 73 1,183 219 650 699	¢\$.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .21.93 40.44 35.12 11.17 54.56 35.53 13.07	2003 THRU I MC UNITS/DAYS PER ELIG .416 .057 .034 .023 .004 .000 .020 .000 .000 .000 .358 .013 .009 .145 .027 .079 .085	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77 40.69 47.69 67.89 46.29 35.69	.GE - C. E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499 256 1	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219 650 699 61	ICALL	.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51 21,445.91	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .21.93 40.44 35.12 11.17 54.56 35.53 13.07 \$ 351.57	2003 THRU I MC UNITS/DAYS PER ELIG .416 .057 .034 .023 .004 .000 .020 .000 .000 .000 .358 .013 .009 .145 .027 .079 .085 .007	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 .00 93.03 52.77 40.69 47.69 67.89 46.29 35.69	.GE - C. E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12 2.62
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 0 691 82 63 277 176 499 256 1	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219 650 699 61 61 61	¢\$.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51 21,445.91	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .21.93 40.44 35.12 11.17 54.56 35.53 13.07 \$ 351.57	2003 THRU I MC UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 93.03 52.77 40.69 47.69 67.89 46.29 35.69 \$ 21445.91	.GE - C. E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12 2.62 2.62
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499 256 1 1 0	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219 650 699 61 61 61 0	CALL \$.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51 21,445.91 21,445.91	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12 11.17 54.56 35.53 13.07 \$ 351.57 .00	2003 THRU I MG UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 93.03 52.77 40.69 47.69 47.69 67.89 46.29 35.69 \$ 21445.91 .00	GE - CC E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12 2.62 2.62 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499 256 1 1 0 0	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219 650 699 61 61 61	¢\$.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51 21,445.91	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 .21.93 40.44 35.12 11.17 54.56 35.53 13.07 \$ 351.57	2003 THRU I MC UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 93.03 52.77 40.69 47.69 67.89 46.29 35.69 \$ 21445.91	.GE - C. E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12 2.62 2.62 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 8,182 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 746 89 53 38 38 2 0 36 38 0 0 691 82 63 277 176 499 256 1 1 0	ES AND EXPENDITURE / DENTAL ICES FOR ALL MEDI UNITS OF SERVICE OR DAYS OF CARE 3,401 470 279 191 191 31 0 160 0 0 0 2,931 107 73 1,183 219 650 699 61 61 61 0	CALL \$.00 NTH-OF-PAYMENT R Y INDIGENT EXPENDITURES 608,003.47 543,720.77 357,269.96 186,450.81 88,334.75 6,189.18 .00 82,145.57 98,116.06 .00 .00 64,282.70 4,327.25 2,563.41 13,210.20 11,947.81 23,096.52 9,137.51 21,445.91 21,445.91	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 178.77 1156.85 1280.54 976.18 462.49 199.65 .00 513.41 .00 .00 .00 21.93 40.44 35.12 11.17 54.56 35.53 13.07 \$ 351.57 .00	2003 THRU I MG UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVERA S COST PER USER \$ 815.02 6109.22 6740.94 4906.60 2324.60 3094.59 .00 2281.82 2582.00 .00 93.03 52.77 40.69 47.69 47.69 67.89 46.29 35.69 \$ 21445.91 .00	GE - CC E: \$.00 GE 9,835 01/29/04 OST PER LIGIBLE 74.31 66.45 43.67 22.79 10.80 .76 .00 10.04 11.99 .00 .00 7.86 .53 .31 1.61 1.46 2.82 1.12 2.62 2.62 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	312	930	\$	14,539.36	\$	15.63	.114	\$	46.60	\$	1.78
PATHOLOGY	312	930		14,539.36		15.63	.114		46.60		1.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	505	1,086	\$	102,433.15	\$	94.32	.133	\$	202.84	\$	12.52
CLINIC	232	594		18,268.50		30.76	.073		78.74		2.23
SURGICENTER	6	36		1,053.19		29.26	.004		175.53		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	276	456		83,111.46		182.26	.056		301.13		10.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	GE 9,836
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR ALL M	'EDICA	LLY INDIGENT							
							N	ONT	HLY AVERA	GE -	

							ONIHLI AVEKA		
8,182 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	263	31,219	\$	68,605.18	\$ 2.20	3.816	•	\$	8.38
DURABLE MED. EQUIP.	21	42		20,576.00	489.90	.005	979.81		2.51
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	68	756		18,678.86	24.71	.092	274.69		2.28
AMBULANCES/AIR TRANS	66	740		9,614.17	12.99	.090	145.67		1.18
OTHER TRANS	2	11		64.69	5.88	.001	32.35		.01
OTHER SERVICES	5	5		9,000.00	1800.00	.001	1800.00		1.10
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	33	33		3,365.00	101.97	.004	101.97		.41
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	74	162		1,428.23	8.82	.020	19.30		.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	8	32		11,761.51	367.55	.004	1470.19		1.44
PROSTHETICS	6	30		11,619.82	387.33	.004	1936.64		1.42
ORTHOTICS	2	2		141.69	70.85	.000	70.85		.02
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	15	38		1,588.64	41.81	.005	105.91		.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	35	159		1,506.23	9.47	.019	43.04		.18
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	19	29,997		9,700.71	.32	3.666	510.56		1.19
@CALIF. CHILDREN SERVICES*	59	336	Ġ	111,006.84		.041		\$	13.57
@XOVER EXCLUDING STATE HOSP**	0	0	Ė	.00	\$.00	.000	\$.00		.00
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARAT	'E INFORMATION I	TEM		,		,	т	

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,837 FEE-FOR-SERVICE/DENTAL 01/29/04 MOP024

PLACER COUNTY AID CODES 71

SUMMARY OF SERVICES FOR RENAL DIALYSIS

PLACER COUNTY	SUMMARY OF SERV.	ICES FOR RENAL DIALYSIS		AID CODES	71		
					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	Ô	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
	0	0					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	Ü	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	Ô	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ô	Ů	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	Ô	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ASSISTANT SURGEON	0	0		.00	.000		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	Ô	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	Ô	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ANESTHESIA	0	0		.00			
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MONT					PAGE 9,838
MODOSA	FEE FOR CERVICE			I OKI I OK UAN 2	1111(0 DE(2003	01/20/04

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

PLACER COUNTY

AID CODES 71

PLACER COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS	5	AID CODES			
					MONTE		
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	Ô	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ö	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
	0	0 Ş	.00	•	•	.00 .	•
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 Ś	.00	\$.00	.000 \$.00	•
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
FAMILY NURSE PRACTITIONER	Ô	n š	.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	Ô	0 \$.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0 Ş	.00	.00	.000 \$.00 .	.00
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	U	U		.00	.000	.00	.00
SURGERY	Ü	U	.00	.00	.000	.00	.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,839
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DI ACED COLLAMA	CIMMADA OF CEDATORS FO	OD DENIAL DEALS/OF	7	ATD CODEC	71		

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									
CROSSOVERS/ALL OTH OUTPTNT	U		_	.00		.00	.000	_	.00		.00
@STATE HOSPITAL	0	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-REGULAR	0	0		.00		.00	.000		.00	4	.00
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	-	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ÿ	.00
	0	0									
INDEPENDENT FACILITY	U	0	_	.00		.00	.000	_	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
	_										0.0
CLINIC	0	0		.00		.00	.000		.00		.00
	0	0									
SURGICENTER	0 0 0	0 0 0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0 0 0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0 0	0	OFC MC	.00 .00 .00) ED (D'	.00 .00 .00	.000 .000	DEC	.00 .00 .00	DA	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	0 0 0 ES AND EXPENDITUI	RES MO	.00 .00 .00	REPOR'	.00 .00 .00	.000 .000	DEC	.00 .00 .00	PA	.00 .00 .00 GE 9,840
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	0 0 0 ES AND EXPENDITUI /DENTAL		.00 .00 .00 .00 NTH-OF-PAYMENT R	REPOR'	.00 .00 .00 T FOR JAN	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	PA	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	0 0 0 ES AND EXPENDITUI		.00 .00 .00 .00 NTH-OF-PAYMENT R	REPOR'	.00 .00 .00	.000 .000 .000 2003 THRU		.00		.00 .00 .00 GE 9,840
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	0 0 ES AND EXPENDITUI /DENTAL ICES FOR RENAL 1	DIALYS	.00 .00 .00 ONTH-OF-PAYMENT R		.00 .00 .00 T FOR JAN	.000 .000 .000 2003 THRU 71	TNO	.00 .00 .00 2003	GE -	.00 .00 .00 GE 9,840 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	0 0 0 ES AND EXPENDITUI /DENTAL	DIALYS	.00 .00 .00 .00 NTH-OF-PAYMENT R	AV	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	ONT S	.00 .00 .00 2003 HLY AVERA	GE - C	.00 .00 .00 GE 9,840 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	0 0 ES AND EXPENDITUI /DENTAL ICES FOR RENAL 1	DIALYS E	.00 .00 .00 ONTH-OF-PAYMENT R	AV	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE - C	.00 .00 .00 GE 9,840 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	0 0 ES AND EXPENDITU /DENTAL ICES FOR RENAL 1 UNITS OF SERVICE	DIALYS E	.00 .00 .00 ONTH-OF-PAYMENT R	AV	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	ONT S	.00 .00 .00 2003 HLY AVERA	GE - C	.00 .00 .00 GE 9,840 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 ES AND EXPENDITURE /DENTAL ICES FOR RENAL RESTRICT UNITS OF SERVICT OR DAYS OF CAR	DIALYS E E	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES	AVI PEI	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER .00	GE - C' E:	.00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 ES AND EXPENDITURE /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYS E E	.00 .00 .00 ONTH-OF-PAYMENT R GIS EXPENDITURES .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 DNTH-OF-PAYMENT R SIS EXPENDITURES .00 .00	AVI PEI	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 DNTH-OF-PAYMENT R SIS EXPENDITURES .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 DNTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 ONTH-OF-PAYMENT R SIS EXPENDITURES .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 *HLY AVERA COST PER USER .00 .00 .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALYS E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE - C' E:	.00 .00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	O 0 0 ES AND EXPENDITUR /DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	DIALYS E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE - C' E:	.00 .00 .00 .00 GE 9,840 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALYS E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 THLY AVERA COST PER USER .00 .00 .00 .00	GE - C' E:	.00 .00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	DIALYS E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C' E:	.00 .00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALC IN TURCE LINES ARE CIVEN AS	י א כבטאטאיי	TMEODMATTON T	TEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,841 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DIACED COUNTY SIMMADY OF SERVICES FOR TOTAL DARENTERAL NUITRITTON AID CODES 73

PLACER COUNTY	SUMMARY OF SERV	JICES FOR TOTAL PARENT	TERAL NUTRITION	AID CODES	73		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	. (00
PROSTHETICS	0	0	.00	.00	.000	.00	. (00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	. (00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	. (00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	. (00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	. (00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	. (00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	. (00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 9	,842
MOP024	FEE-FOR-SERVICE/DI	ENTAL					01/29	9/04
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR TOTAL PAREN	TERAL NUTRITION	AID CODES	73			
					MON	THLY AVERAG	BE	
00 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PI	ER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIB	LE
@OPTOMETRIST	0	U \$	0.0	\$ 00	000 5	. 00	\$ 1	0.0

PLACER COUNTY	SUMMARY OF SERVI	CES FOR	LOLAT D	ARENTER	RAL NUTRITION	AID	CODES					
								MC	TNC	HLY AVERAG	ΞE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAG	E COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER UN	IT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś		\$.00
VISITS	0		0	т	.00	4	.00	.000	т	.00	т.	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	Ś	.00
MEDICINE/INJECTIONS	0		0	τ	.00	7	.00	.000	Υ	.00	Υ.	.00
SURGERY/ANES.	Ô		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0		.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$ \$.00	\$ \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	٠ ب	.00	ب ج	.00	.000	\$.00	\$.00
	0		0	ې د		ې د						.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$.00	.000	\$ \$.00	\$.00
@TOTAL HOSPITAL	0		•	Ş		Ş			Þ	.00	Þ	
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	•					
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REP	ORI FOR JAN 20	03 THRU DEC	2003 E	PAGE 9,843
MOP024	FEE-FOR-SERVICE/DE				_		01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	S FOR TOTAL PARE	NTERAL NUTRITION	AID CODES 7			
					MONTI		
00 ELIGIBLES		ITS OF SERVICE		AVERAGE COST U		COST PER	COST PER
	Ol	R DAYS OF CARE		- ,	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ô	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ANCILLARIES	0	0			.000		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	Ŏ	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00 \$.00
	0	0 \$.00	.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0						.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	Ü	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0						
@LABORATORY FACILITY	0	- т		\$.00	.000 \$.00 \$.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
XO AND OTHERS	U	Û	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ü	0 \$		\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 20	03 THRU DEC	2003 E	PAGE 9,844

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	IOIAL P	'ARLIN I	LERAL NUIRIIION	AID CODES	13			
							MC	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,845
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

PLACER COUNTI	SUMMARI OF SER	VICES FOR IRCA ALLENS	AID (20062 21 22 20	37		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,846
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	LY AVERAGE	C

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 EYE APPLIANCES 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .000 .00 @CHIROPRACTOR .00 \$.00 .000 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 .00 \$.00 .000 .00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 \$.00 \$ NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER \$.00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,847
FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
SUMMARY OF SERVICES FO	OR IRCA ALIENS	AID CODES	51 52 56	57		
				MONTH	HLY AVERAG	E
	FEE-FOR-SERVICE/DENTA	FEE-FOR-SERVICE/DENTAL	0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0	0 0 0 00 00 00 00 00 000 000 000 000 0

						MON'I		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	Ō	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	Ō	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	·	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	Ċ	.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	Y	.00	.00	.000	.00	Ÿ	.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ċ	.00	\$.00	.000 \$		\$.00
CLINIC CLINIC	0	0	٧	.00	.00	.000	.00	Ÿ	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	Ô		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MON'			2003 THRU DE		PAGE	9,848
MOP024	FEE-FOR-SERVICE/DENTAL								/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	IRCA AL	IENS	AID	CODES 51 52 56	5 57			
							THLY AVERA	GE	
00 ELIGIBLES	USERS UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
	OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		0.0	0.0	000			.00
BLOOD BANK	^			.00	.00	.000	.00		
	Ü	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0 0							
MEDICAL TRANSPORTATION	0 0	0 0 0		.00 .00 .00	.00 .00 .00	.000 .000 .000	.00		.00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 0	0 0 0		.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 0 0 0	0 0 0 0		.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00		.00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0 0	0 0 0 0 0		.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,849
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MON	THLY AVERA	GE
840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	424	2,549 \$	282,726.73	\$ 110.92	3.035 \$	666.81	\$ 336.58
@PHYSICIANS SERVICES	272	718 \$	66,013.89	\$ 91.94	.855 \$	242.70	\$ 78.59
OUTPATIENT VISITS	165	234	15,803.97	67.54	.279	95.78	18.81
OFFICE VISITS	28	35	1,181.46	33.76	.042	42.20	1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	52	2,660.37	51.16	.062	63.34	3.17

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	105	143	11,776.70	82.35	.170	112.16	14.02
OTHER OUTPATIENT	4	4	185.44	46.36	.005	46.36	.22
INPATIENT VISITS	36	117	6,101.77	52.15	.139	169.49	7.26
HOSPITAL VISITS	34	58	2,652.71	45.74	.069	78.02	3.16
CRITICAL CARE	3	59	3,449.06	58.46	.070	1149.69	4.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	54	179	33,022.98	184.49	.213	611.54	39.31
PRINCIPAL SURGEON	36	41	27,870.48	679.77	.049	774.18	33.18
ASSISTANT SURGEON	10	10	1,704.90	170.49	.012	170.49	2.03
ANESTHESIOLOGIST	15	128	3,447.60	26.93	.152	229.84	4.10
OUTPATIENT SURGERY	25	42	2,635.30	62.75	.050	105.41	3.14
PRINCIPAL SURGEON	24	27	2,352.78	87.14	.032	98.03	2.80

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15		282.52		18.83	.018		141.26		.34
DIALYSIS	2	3		675.12		225.04	.004		337.56		.80
PATHOLOGY	26	39		371.10		9.52	.046		14.27		.44
RADIOLOGY	62	74		3,684.87		49.80	.088		59.43		4.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		115.52		57.76	.002		57.76		.14
OTHER SERVICES/ALL X-OVERS	26	28		3,603.26		128.69	.033		138.59		4.29
@PHARMACY	100	149	\$	3,425.64	\$	22.99	.177	\$	34.26	\$	4.08
PRESCRIPTION DRUGS	100	149		3,426.77		23.00	.177		34.27		4.08
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	100	149		3,426.77		23.00	.177		34.27		4.08
MEDICAL SUPPLIES	0	0		1.13CR		.00	.000		.00		.00
@DENTIST	1	12	\$.00	\$.00	.014	\$.00	\$.00
VISITS - DIAGNOSTIC	1	9		.00		.00	.011		.00		.00
ORAL SURGERY	1	1		.00		.00	.001		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.002		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES M	ONTH-OF-PAYMENT RE	POR'	r for jan 200	3 THRU	DEC	2003	PAG	•
MOP024	FEE-FOR-SERVICE/DENTA									1	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES I	FOR MI/MN	ALIEN	WITHOUT SIS AID C	ODE	55 58 5F					

							~		~-	
0.4.0					 		-	HLY AVERA	GE	
840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER		COST PER
	_	OR DAYS OF CARE	١.		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$		\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	6	9	\$	450.09	\$ 50.01	.011	\$	75.02	\$.54
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	157	1,052	\$	192,538.99	\$ 183.02	1.252	\$	1226.36	\$	229.21
HOSP INPATIENT TOTAL	42	139		177,729.16	1278.63	.165		4231.65		211.58
HSC HOSPITALS	20	55		62,979.28	1145.08	.065		3148.96		74.98
NON-HSC HOSPITAL TOTAL	22	84		114,749.88	1366.07	.100		5215.90		136.61
ACCOMMODATIONS	22	84		48,157.69	573.31	.100		2188.99		57.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	22	84		48,157.69	573.31	.100		2188.99		57.33
ANCILLARIES	22	0		66,592.19	.00	.000		3026.92		79.28

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	913		14,809.83	16.22	1.087	113.92	17.63
MEDICAL	10	14		382.04	27.29	.017	38.20	.45
SURGERY	11	14		348.97	24.93	.017	31.72	.42
PATHOLOGY	75	389		3,750.48	9.64	.463	50.01	4.46
RADIOLOGY	33	46		2,933.11	63.76	.055	88.88	3.49
ROOM USE	66	117		3,849.39	32.90	.139	58.32	4.58
CROSSOVERS/ALL OTH OUTPTNT	53	333		3,545.84	10.65	.396	66.90	4.22
@COUNTY HOSPITAL TOTAL	4	20	\$	611.49	\$ 30.57	.024	\$ 152.87	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20		611.49	30.57	.024	152.87	.73
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		57.32	28.66	.002	28.66	.07
PATHOLOGY	1	6		79.01	13.17	.007	79.01	.09
RADIOLOGY	1	1		81.44	81.44	.001	81.44	.10
ROOM USE	1	4		246.39	61.60	.005	246.39	.29
CROSSOVERS/ALL OTH OUTPTNT	3	7		147.33	21.05	.008	49.11	.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU	DEC 2003	PAGE 9,851
	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	R MI/MN A	LIEN	WITHOUT SIS AID C	ODE 55 58 5F			

PLACER COUNTY	SUMMARY OF SERV	ICES FOR MI/MIN ALIEN	WITHOUT SIS AID (CODE 33 36 3F				
			MONTHLY AVERAGE					
840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	153	1,032 \$	191,927.50	\$ 185.98	1.229			
COMM HOSP INPATIENT TOTAL	42	139	177,729.16	1278.63	.165	4231.65	211.58	
HSC HOSPITALS	20	55	62,979.28	1145.08	.065	3148.96	74.98	
NON-HSC HOSPITALS TOTAL	22	84	114,749.88	1366.07	.100	5215.90	136.61	
ACCOMMODATIONS	22	84	48,157.69	573.31	.100	2188.99	57.33	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	22	84	48,157.69	573.31	.100	2188.99	57.33	
ANCILLARIES	22	0	66,592.19	.00	.000	3026.92	79.28	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	126	893	14,198.34	15.90	1.063	112.69	16.90	
MEDICAL	10	14	382.04	27.29	.017	38.20	.45	
SURGERY	9	12	291.65	24.30	.014	32.41	.35	
PATHOLOGY	74	383	3,671.47	9.59	.456	49.61	4.37	
RADIOLOGY	32	45	2,851.67	63.37	.054	89.11	3.39	
ROOM USE	65	113	3,603.00	31.88	.135	55.43	4.29	
CROSSOVERS/ALL OTH OUTPTNT	50	326	3,398.51	10.42	.388	67.97	4.05	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	147	\$	5,040.54	\$	34.29	.175	\$	1260.14	\$	6.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	147		5,040.54		34.29	.175		1260.14		6.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	81	284	\$	5,181.13	\$	18.24	.338	\$	63.96	\$	6.17
PATHOLOGY	81	284		5,181.13		18.24	.338		63.96		6.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	78	\$	4,199.91	\$	53.85	.093	\$	247.05	\$	5.00
CLINIC	11	64		1,608.78		25.14	.076		146.25		1.92
SURGICENTER	0	0		10.00		.00	.000		.00		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	14		2,581.13		184.37	.017		430.19		3.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH	-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,852
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

I III CEIR COOM I	DOMINICI OF DERVICE	ID I OIC INI/IN THEIL	II WIIIIOOI	DID MID	CODE	,5 50 51			
								NTHLY AVERA	AGE
840 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPE	NDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	30	100 \$!	5,876.54	\$	58.77	.119	\$ 195.88	\$ 7.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	53	:	2,617.92		49.39	.063	290.88	3.12
AMBULANCES/AIR TRANS	9	52		1,146.78		22.05	.062	127.42	1.37
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	1	1		1,471.14	1	471.14	.001	1471.14	1.75
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	18	19		1,995.00		105.00	.023	110.83	2.38
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	0	0		.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	3	28		1,263.62		45.13	.033	421.21	1.50
@CALIF. CHILDREN SERVICES*	6	22 \$	10	0,966.62	\$	498.48		\$ 1827.77	•
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	TNFORMATION ITEM	ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

12110211 0001111		1020 1011 1121 00220	1122	00225 01 02 00	MONT	THIY AVERA	GE
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
3, 11101110	052165	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38	192 \$	7,771.76	\$ 40.48	5.189 \$	204.52	
@PHYSICIANS SERVICES	29	70 \$	3,976.72	\$ 56.81	1.892 \$		\$ 107.48
	20	70 Ş 36	1,297.51	36.04	.973	64.88	35.07
OUTPATIENT VISITS							
OFFICE VISITS	19	35	1,270.07	36.29	.946	66.85	34.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.027	27.44	.74
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	65.65	32.83	.054	65.65	1.77
EXAMINATIONS	1	2	65.65	32.83	.054	65.65	1.77
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0					
OUTPATIENT SURGERY	2	2	1,031.27	515.64	.054	515.64	27.87
PRINCIPAL SURGEON	2	2	1,031.27	515.64	.054	515.64	27.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.60	2.80	.054	2.80	.15
RADIOLOGY	11	18	923.62	51.31	.486	83.97	24.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.027	13.76	.37
OTHER SERVICES/ALL X-OVERS	4	9	639.31	71.03	.243	159.83	17.28
@PHARMACY	14	49 \$	2,145.56	\$ 43.79	1.324 \$	153.25	\$ 57.99
PRESCRIPTION DRUGS	14	49	2,145.56	43.79	1.324	153.25	57.99
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	49	2,145.56	43.79	1.324	153.25	57.99
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	22 \$	977.00	\$ 44.41	.595 \$	244.25	\$ 26.41
VISITS - DIAGNOSTIC	4	17	117.00	6.88	.459	29.25	3.16
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.000	.00	.00
PERIODONTICS	0	0	.00			.00	
	0	0	.00	.00	.000		.00
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	830.00	207.50	.108	415.00	22.43
PROSTHETICS	1	Ţ	30.00	30.00	.027	30.00	.81
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,854
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
PLACER COUNTY		ICES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MONT	THLY AVERA	GE
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
				,			

@OPTOMETRIST	2	3	\$ 116.21	\$ 38.74	.081	\$ 58.11	\$ 3.14
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.054	47.45	2.56
EYE APPLIANCES	1	1	21.31	21.31	.027	21.31	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE:	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU I	DEC 2003	PAG:	E 9,855
MOP024	FEE-FOR-SERVICE/DE	NTAL						(01/29/04
PLACER COUNTY	SUMMARY OF SERVICE	S FOR REFUGEES		AID C	CODES 01 02 0	8 0A			
						MC	ONTHLY AVERA	GE	
37 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	S COST PER	CO	ST PER
	C	R DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	EL:	IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

					MON'	I'HLY AVERA	GE	
37 ELIGIBLES US	SERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00

CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00		.00	.000	•	.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	•	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8		42	\$	487.95	\$	11.62	1.135	\$	60.99	\$	13.19
PATHOLOGY	8		42		487.95		11.62	1.135		60.99		13.19
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		2	\$	16.16	\$	8.08	.054	\$	8.08	\$.44
CLINIC	2		2	•	16.16	•	8.08	.054		8.08		.44
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXI	PENDITU	RES M	ONTH-OF-PAYMENT	REPORT	r for Jan 2	2003 THRU	DEC	2003	PI	AGE 9,856
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERV	JICES FOR	REFUGE	ES	AID	CODES	3 01 02 08	0A				
								M	ONTI	HLY AVERA	GE -	
37 ELIGIBLES	USERS	UNITS OF	SERVIC	Έ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS	OF CAR	E.		PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	2		4	\$	52.16	\$	13.04	.108	\$	26.08	\$	1.41
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
DI COD DANIE	0		^		0.0		0.0	000		0.0		0.0

					MON	IHLY AVERAG	-E
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	4 \$	52.16	\$ 13.04	.108 \$	26.08	\$ 1.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.108	26.08	1.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,857 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

PLACER COUNTY	SUMMARY OF SERV	ICES FOR BCCIP-FEDERAL	A.	ID CODES ON ON			
					MON		
224 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	271	5,104 \$	343,071.93	\$ 67.22	22.786		\$ 1531.57
@PHYSICIANS SERVICES	170	1,505 \$	102,034.33	\$ 67.80	6.719		\$ 455.51
OUTPATIENT VISITS	106	158	5,870.90	37.16	.705	55.39	26.21
OFFICE VISITS	91	128	4,638.08	36.24	.571	50.97	20.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	628.86	57.17	.049	69.87	2.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	115.00	115.00	.004	115.00	.51
OTHER OUTPATIENT	17	18	488.96	27.16	.080	28.76	2.18
INPATIENT VISITS	6	27	1,033.42	38.27	.121	172.24	4.61
HOSPITAL VISITS	6	27	1,033.42	38.27	.121	172.24	4.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.009	38.50	.34
EXAMINATIONS	2	2	77.00	38.50	.009	38.50	.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	109	7,326.16	67.21	.487	385.59	32.71
PRINCIPAL SURGEON	11	12	5,335.38	444.62	.054	485.03	23.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	97	1,990.78	20.52	.433	248.85	8.89
OUTPATIENT SURGERY	23	102	5,837.37	57.23	.455	253.80	26.06
PRINCIPAL SURGEON	15	21	3,991.97	190.09	.094	266.13	17.82
ASSISTANT SURGEON	2	2	183.24	91.62	.009	91.62	.82
ANESTHESIOLOGIST	7	79	1,662.16	21.04	.353	237.45	7.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	95	3,657.49	38.50	.424	110.83	16.33
	82	521	47,792.32	91.73	2.326	582.83	213.36
RADIOLOGY	0	0			.000	.00	.00
PSYCHIATRY	15		.00	.00			
IMMUNIZATION AND INJECTION		369	28,317.60	76.74	1.647	1887.84	126.42
OTHER SERVICES/ALL X-OVERS	31	122	2,122.07	17.39	.545	68.45	9.47
@PHARMACY	181	2,037 \$	65,002.91	\$ 31.91	9.094		\$ 290.19
PRESCRIPTION DRUGS	180	626	63,910.70	102.09	2.795	355.06	285.32
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	180	626	63,910.70	102.09	2.795	355.06	285.32
MEDICAL SUPPLIES	10	1,411	1,092.21	.77	6.299	109.22	4.88
@DENTIST	11	40 \$	2,368.00	\$ 59.20	.179		
VISITS - DIAGNOSTIC	7	21	423.00	20.14	.094	60.43	1.89
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	19	1,945.00	102.37	.085	324.17	8.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 0 MAXILLOFACIAL SERVICES 0 0 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0

0

0 0

.00 .000 .00 .00 .000 .00 .000 .00 .000 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .00 .00 .00 .00 PAGE 9,858

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01/29/04

#CALIF DEPT OF HEALTH SERV MOP024

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL

.00

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PLACER COUNTY	SUMMARY OF SERV		המתהם ב	EDED VI	דר	בה מנ	DDES OM ON	OΠ				01/25/01
PLACER COUNTY	SUMMARI OF SERV.	ICES FOR	BCCIP-F	EDEKAL	Al	LD C	NO MO CAUC		∩ ۲۳۳	א מידוע אזודים	C E	
224 FLIGIDI EG	HGEDG	INITEG OF	CEDITOR		EXPENDIBLE	70 7 7 7		M				COST PER
224 ELIGIBLES	USERS	UNITS OF			EXPENDITURES							
O O D TTO M T T T T T	_	OR DAYS			004 16		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5		12	\$		\$.054	Ş	56.83	Ş	
DIAGNOSTIC AND ANC. PROCED	3		3		135.09		45.03	.013		45.03		.60
EYE APPLIANCES	3		9		149.07		16.56	.040		49.69		.67
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5		34	\$	2,564.59	\$	75.43	.152	\$	512.92	\$	11.45
NURSE ANESTHESIST	0		0	\$		\$.00	.000		.00		.00
NURSE MIDWIFE	0		0	S		\$.00	.000		.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		_	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0 0 1,163 62	Š	.00	Š	.00	.000		.00		.00
@TOTAL HOSPITAL	87		1 163	Š			135.37	5 192	Š	1809.64	Š	702.85
HOSP INPATIENT TOTAL	15	•	62	۲	94,943.92	٧	1531.35	.277	٧	6329.59	٧	423.86
HSC HOSPITALS	12		54		68,273.00		1264.31	.241		5689.42		304.79
NON-HSC HOSPITAL TOTAL	0 0 87 15 12 2 2		6		25,830.92		4305.15	.027		12915.46		115.32
ACCOMMODATIONS	2		6		3,634.42		605.74	.027		1817.21		16.23
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	2 0 0 2 2 1 0		0 6		3,634.42		605.74	.027		1817.21		16.23
ALL OTHER ACCOM	2		0		•					11098.25		99.09
ANCILLARIES	2		0		22,196.50		.00	.000				
INPATIENT CROSSOVERS	1		2		840.00		420.00	.009		840.00		3.75
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	81		1,101		62,494.88		56.76	4.915		771.54		279.00
MEDICAL	23		41		1,190.30		29.03	.183		51.75		5.31
SURGERY	7		7		640.26		91.47	.031		91.47		2.86
PATHOLOGY	41		255		1,975.76		7.75	1.138		48.19		8.82
RADIOLOGY	31		121		11,607.57		95.93	.540		374.44		51.82
ROOM USE	44		107		3,949.15		36.91	.478		89.75		17.63
CROSSOVERS/ALL OTH OUTPINT			570		43,131.84		75.67	2.545		1597.48		192.55
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ō		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ö		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
11111011001	0		U		.00		.00	.000		.00		.00

RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITURE	S MONT	TH-OF-PAYMENT RE	EPORT FOR JA	N 2003 THRU	DEC 2003	PAGI	9,859
MOP024	FEE-FOR-SERVICE	/DENTAL							(01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FE	DERAL	A	ID CODES OM	ON OP			
							M	MONTHLY AVER	AGE	
224 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	COS	ST PER
		OR DAYS	OF CARE			PER UNIT/D	AY PER ELIC	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	87		1,163	\$	157,438.80	\$ 135.37	5.192	\$ 1809.64	\$ '	702.85
COMM HOSP INPATIENT TOTAL	15		62		94,943.92	1531.35	.277	6329.59	4	123.86
HSC HOSPITALS	12		54		68,273.00	1264.31	.241	5689.42		304.79
NON-HSC HOSPITALS TOTAL	2		6		25,830.92	4305.15	.027	12915.46	-	L15.32
ACCOMMODATIONS	2		6		3,634.42	605.74	.027	1817.21		16.23
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00

ALL OTHER ACCOM											
	2	6		3,634.42		605.74	.027		1817.21		16.23
ANCILLARIES	2	0		22,196.50		.00	.000		11098.25		99.09
				22,190.30		400.00					
INPATIENT CROSSOVERS	Ţ	2 0 1,101		840.00		420.00 .00 56.76 29.03	.009		840.00		3.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	81	1,101		62,494.88		56.76	4.915		771.54		279.00
MEDICAL	23	41		1,190.30		29 03	.183		51.75		5.31
	7	7		1,150.50		01 47					
SURGERY				040.20		91.47 7.75	.031		91.47		2.86
PATHOLOGY	41	255		1,975.76		7.75	1.138		48.19		8.82
RADIOLOGY	31	121		11,607.57		95.93	.540		374.44		51.82
ROOM USE	44	107		3,949.15		36.91	.478		89.75		17.63
CROSSOVERS/ALL OTH OUTPTNT		570		43,131.84		75.67	2.545		1597.48		192.55
				·							
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$		\$.00	.000	ė	.00	ċ,	.00
	0		Ą		Ą			Ą		Ą	
LEV A-INTERMEDIATE	Ü	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
ICF DDH	n	0	•	.00	•	.00	.000		.00		.00
	0	0		.00		.00			.00		
ICF DD	U						.000				.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00		.00
	0	Ő		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U									4.	
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	43	234	\$	3,186.58	ė.	13.62	1.045	ė	74.11	ċ,	14.23
			Ą		Ą			Ą		Ą	
PATHOLOGY	43	234		3,186.58		13.62	1.045		74.11		14.23
XO AND OTHERS	0	0		.00		.00	.000		0.0		.00
				.00			. 0 0 0		.00		
@ORGANIZED OUTPATIENT CLINIC	32		\$		Ġ			Ś		Ś	
@ORGANIZED OUTPATIENT CLINIC	32	52	\$	8,730.15	\$	167.89	.232	\$	272.82	\$	38.97
CLINIC	32	52 5	\$	8,730.15 101.91	\$	167.89 20.38	.232	\$	272.82 50.96	\$	38.97 .45
CLINIC SURGICENTER	2 0	5 2 5 0	\$	8,730.15 101.91 .00	\$	167.89 20.38 .00	.232 .022 .000	\$	272.82 50.96 .00	\$	38.97 .45 .00
CLINIC	2 0 0	52 5 0 0	\$	8,730.15 101.91 .00 .00	\$	167.89 20.38 .00 .00	.232 .022 .000 .000	\$	272.82 50.96	\$	38.97 .45
CLINIC SURGICENTER	2 0	5 2 5 0	\$	8,730.15 101.91 .00 .00	\$	167.89 20.38 .00	.232 .022 .000 .000	\$	272.82 50.96 .00	\$	38.97 .45 .00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	2 0 0 30	52 5 0 0 47		8,730.15 101.91 .00 .00 8,628.24	\$ EPORT	167.89 20.38 .00 .00	.232 .022 .000 .000 .210		272.82 50.96 .00 .00 287.61		38.97 .45 .00 .00 38.52
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2 0 0 30 MEDI-CAL SERVICE	52 5 0 0 47 S AND EXPENDITURE		8,730.15 101.91 .00 .00 8,628.24	\$ EPORT	167.89 20.38 .00 .00	.232 .022 .000 .000 .210		272.82 50.96 .00 .00 287.61		38.97 .45 .00 .00 38.52 AGE 9,860
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/	52 5 0 0 47 S AND EXPENDITURE	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE		167.89 20.38 .00 .00 183.58 FOR JAN 2	.232 .022 .000 .000 .210 2003 THRU		272.82 50.96 .00 .00 287.61		38.97 .45 .00 .00 38.52
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/	52 5 0 0 47 S AND EXPENDITURE	S MONT	8,730.15 101.91 .00 .00 8,628.24		167.89 20.38 .00 .00 183.58 FOR JAN 2	.232 .022 .000 .000 .210 2003 THRU	DEC	272.82 50.96 .00 .00 287.61 2003	P <i>I</i>	38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 0 47 S AND EXPENDITURE	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE	ID CC	167.89 20.38 .00 .00 183.58 FOR JAN 2	.232 .022 .000 .000 .210 2003 THRU	DEC ONT	272.82 50.96 .00 .00 287.61 2003	P <i>I</i>	38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 0 47 S AND EXPENDITURE	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE	ID CC	167.89 20.38 .00 .00 183.58 FOR JAN 2	.232 .022 .000 .000 .210 2003 THRU	DEC ONT	272.82 50.96 .00 .00 287.61 2003	P <i>I</i> GE -	38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 47 S AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE	ID CC AVE	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES 0M ON	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY	DEC ONT S	272.82 50.96 .00 .00 287.61 2003 HLY AVERA	P <i>I</i> GE -	38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 47 S AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES 0M 0N CRAGE COST UNIT/DAY	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG	DEC ONT S	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27	S MONT	8,730.15 101.91 .00 .00 8,628.24 CH-OF-PAYMENT RI AZ EXPENDITURES 1,462.41	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON GRAGE COST UNIT/DAY 54.16	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121	DEC ONT S	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04 COST PER CLIGIBLE 6.53
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1	52 5 0 47 S AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2	S MONT	8,730.15 101.91 .00 .00 8,628.24 CH-OF-PAYMENT RI AT EXPENDITURES 1,462.41 38.26	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON RRAGE COST UNIT/DAY 54.16 19.13	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009	DEC ONT S	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	52 5 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27	S MONT	8,730.15 101.91 .00 .00 8,628.24 CH-OF-PAYMENT RI AZ EXPENDITURES 1,462.41	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON GRAGE COST UNIT/DAY 54.16	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121	DEC ONT S	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04 COST PER CLIGIBLE 6.53
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1	52 5 0 47 S AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2	S MONT	8,730.15 101.91 .00 .00 8,628.24 CH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1 0 0	52 5 0 47 SS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 CH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1	52 5 0 47 S AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 20 DDES OM ON PRAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2	52 5 0 0 47 CS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 0 2 2	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40 236.40	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON RRAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 118.20	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 118.20	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1 0 0	52 5 0 47 SS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 20 DDES OM ON PRAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2	52 5 0 0 47 CS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 0 2 2	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40 236.40	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00 .00 .18.20 .18.20 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 118.20	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 0 2 2 2 0 0	52 5 0 0 47 GS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 0 2 2 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00 .118.20 .118.20 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .009 .009	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .18.20 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2 2 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 .18.20 .00 .00	.232 .022 .000 .000 .210 .2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .009 .009	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .118.20 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2 2 0 0 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 2 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40 236.40 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00 .18.20 .18.20 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .000 .009 .009	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 .118.20 .118.20 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2 2 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 .18.20 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .009 .009 .009	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 .118.20 .00 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2 2 0 0 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 2 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40 236.40 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DDES OM ON CRAGE COST UNIT/DAY 54.16 19.13 .00 .00 .18.20 .18.20 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .000 .009 .009	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 .118.20 .118.20 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 15 1 0 0 2 2 2 0 0 0 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 0 0 0 2 2 0 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 236.40 .36.40 .00 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 .00 .00 .00 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .000 .009 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .118.20 .00 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1 0 0 0 2 2 2 0 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00 .00 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 118.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .000 .009 .000 .000 .00	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .118.20 .00 .00 .00 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1 0 0 0 2 2 2 2 0 0 0 0 0 0 0	52 5 0 0 47 GS AND EXPENDITURE DENTAL CES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE AT EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00 .00 .00 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 .18.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .009 .009 .009 .000 .000 .000	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .00 .00 .00 .00 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	2 0 0 30 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 15 1 0 0 0 2 2 2 0 0 0 0 0	52 5 0 0 47 CS AND EXPENDITURE DENTAL CCES FOR BCCTP-FE UNITS OF SERVICE OR DAYS OF CARE 27 2 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0	S MONT	8,730.15 101.91 .00 .00 8,628.24 TH-OF-PAYMENT RE EXPENDITURES 1,462.41 38.26 .00 .00 .236.40 .236.40 .00 .00 .00 .00 .00 .00	ID CC AVE PER	167.89 20.38 .00 .00 183.58 FOR JAN 2 DES OM ON RAGE COST UNIT/DAY 54.16 19.13 .00 .00 118.20 118.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.232 .022 .000 .000 .210 2003 THRU OP M UNITS/DAY PER ELIG .121 .009 .000 .000 .000 .009 .000 .000 .00	DEC ONT S \$	272.82 50.96 .00 .00 287.61 2003 HLY AVERA COST PER USER 97.49 38.26 .00 .00 118.20 .118.20 .00 .00 .00 .00 .00 .00	P <i>F</i> GE - (38.97 .45 .00 .00 38.52 AGE 9,860 01/29/04

PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	8	15		1,092.87		72.86	.067		136.61		4.88
PROSTHETICS	8	15		1,092.87		72.86	.067		136.61		4.88
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	1	2	\$	84.38	\$	42.19	.009	\$	84.38	\$.38
@XOVER EXCLUDING STATE HOSP**	4	5	Ś	933.20	Ś	186.64	.022	Ś	233.30	Ś	4.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,861
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY ALD CODES OR OT OU OV

PLACER COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-ST	I.Y.I.FON	ILY AID	CODES	OR OT OU			
								M		
19 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS				PER		PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28		108	\$	8,733.37	\$	80.86	5.684	311.91	459.65
@PHYSICIANS SERVICES	14		32	\$	2,753.76	\$	86.06	1.684	\$ 196.70	\$ 144.93
OUTPATIENT VISITS	1		1		18.10		18.10	.053	18.10	.95
OFFICE VISITS	1		1		18.10		18.10	.053	18.10	.95
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2		9		1,146.86		127.43	.474	573.43	60.36
PRINCIPAL SURGEON	1		1		810.72		810.72	.053	810.72	42.67
ASSISTANT SURGEON	1		1		162.14		162.14	.053	162.14	8.53
ANESTHESIOLOGIST	1		7		174.00		24.86	.368	174.00	9.16
OUTPATIENT SURGERY	1		1		86.14		86.14	.053	86.14	4.53
PRINCIPAL SURGEON	1		1		86.14		86.14	.053	86.14	4.53
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	4		5		458.60		91.72	.263	114.65	24.14
RADIOLOGY	1		1		8.57		8.57	.053	8.57	.45
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8		15		1,035.49		69.03	.789	129.44	54.50
@PHARMACY	17		51	\$	3,383.06	\$	66.33	2.684	\$ 199.00	\$ 178.06
PRESCRIPTION DRUGS	17		51		3,383.06		66.33	2.684	199.00	178.06
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	17		51		3,383.06		66.33	2.684	199.00	178.06
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	1		1	\$.00	\$.00	.053	\$.00	\$.00

VISITS - DIAGNOSTIC	1	1	.00	.00	.053	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DE	C 2003	PAGE 9,862
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-STATE-	ONLY AID CODES	OR OT OU 0	V		
				_	MON'	THLY AVERAG	E
19 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST U	NITS/DAYS	COST PER	COST PER

19 ELIGIBLES	USERS								COOM DEE		COCH DED
	05216	UNITS OF SERVICE	EXPENDIT	URES		ERAGE COST					COST PER
@OPTOMETRIST	0	OR DAYS OF CARE 0	\$.00	PEI S	R UNIT/DAY .00	.000		USER .00		ELIGIBLE .00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	•	\$.00	\$.00	.000	بے	.00	بے	.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	•	\$.00	\$.00	.000	بے	.00	بے	.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	ė.	.00	.000	بے	.00	ċ,	.00
WHOME HEALTH AGENCY NURSE ANESTHESIST	0	0	۶ ج	.00	Ģ	.00	.000		.00	Ġ	.00
NURSE MIDWIFE	0	0	<i>ۈ</i> ب	.00	Ģ	.00	.000		.00	<u>ن</u>	.00
PEDIATRIC NURSE PRACTITIONER	0	0	٠ ج	.00	<u>ب</u>	.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	٠ ب	.00	ې ب	.00	.000		.00	\$.00
@TOTAL HOSPITAL	0	9	ቅ ዕ ገ <i>ለ</i> (.00	ې خ	267.36	.474		802.09	\$	126.65
HOSP INPATIENT TOTAL	3 1	2		0.00	Ą	1150.00	.105	Ą	2300.00	Ą	121.05
HSC HOSPITALS	1	2		0.00		1150.00	.105		2300.00		121.05
NON-HSC HOSPITAL TOTAL	1	0	2,30	.00		.00	.105		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00			.000		.00		.00
	0	0		.00		.00	.000		.00		
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00			.000				.00
HOSP OUTPATIENT TOTAL	0	U 7	1 /	.00		.00 15.18	.368		.00 53.14		5.59
MEDICAL	∠ 1	7		9.45		19.45	.053		19.45		1.02
MEDICAL SURGERY	Ţ		_	.00		.00	.053		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	ć	.00		14.47	.316		86.83		4.57
@COUNTY HOSPITAL TOTAL	7	•			٠,			بع		۲,	.00
CO HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	\$.00	\$.00	.000	Þ	.00	Þ	.00
	0	0									
HSC HOSPITALS	0	_		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü	U		.00		.00	.000		.00		.00

ADMINITAND ANTITE DAVIG	0	0	20	0.0	.000	0.0		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00				.00
ALL OTHER ACCOM	0	0	.00		.000	.00		
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00		.00
		ES AND EXPENDITURES				2003	P	AGE 9,863
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR BCCTP-STA						01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-STA	TE-ONLY AID	CODES OR OT OU	0V			
					MONT	THLY AVERA	GΕ	
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	9 \$	2,406.28	\$ 267.36	.474 \$	802.09	\$	126.65
COMM HOSP INPATIENT TOTAL	1	2	2,300.00	1150.00	.105	2300.00		121.05
HSC HOSPITALS	1	2	2,300.00	1150.00	.105	2300.00		121.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	7	106.28	15.18	.368	53.14		5.59
MEDICAL	1	í	19.45	19.45	.053	19.45		1.02
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	86.83	14.47	.316	86.83		4.57
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00	Ġ	.00
MENTALLY ILL	0	0	.00	.00	.000 \$.00	Ą	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	ċ,	.00
LEV A-INTERMEDIATE	0	0 \$.00	.00	.000 \$.00	Ą	.00
	0	0						
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	U	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	U		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	4	.00
@INTERMEDIATE CARE FACILDD	U	0 \$		\$.00	.000 \$.00	Ş	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

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29.18 33.39

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6.14 5.27

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYM	ENT RE	PORT FOR JAN	2003 THRU	DEC 2003	PAGE	9,864
MOP024	FEE-FOR-SERVICE/D	ENTAL						0.2	1/29/04
PLACER COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP-ST	ATE-ONLY	AID C	ODES OR OT 0	U OV			
						M	ONTHLY AVER	AGE	
19 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDIT	'URES	AVERAGE COS				 Г PER
19 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDIT	URES	AVERAGE COS PER UNIT/DA	T UNITS/DAY	S COST PER	COST	
19 ELIGIBLES @ALL OTHER PROVIDERS				URES		T UNITS/DAY	S COST PER USER	COST ELIC	T PER
					PER UNIT/DA	T UNITS/DAY Y PER ELIG	S COST PER USER	COST ELIC	Γ PER GIBLE
@ALL OTHER PROVIDERS				3.56	PER UNIT/DA \$ 9.20	T UNITS/DAY Y PER ELIG .421	S COST PER USER \$ 12.26	COST ELIC	T PER GIBLE 3.87
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.				3.56	PER UNIT/DA \$ 9.20 .00	T UNITS/DAY Y PER ELIG .421 .000	S COST PER USER \$ 12.26	COST ELIC	F PER GIBLE 3.87 .00

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0	0		.00		.00	.000		.00		.00
6	8		73.56		9.20	.421		12.26		3.87
0	0	\$.00	\$.00	.000	\$.00	\$.00
8	29	\$	1,204.55	\$	41.54	1.526	\$	150.57	\$	63.40
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 <td< td=""><td>0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000<!--</td--><td>0 0 .00 .00 .00 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td><td>0 0 .00</td></td></td<>	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 </td <td>0 0 .00 .00 .00 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>0 0 .00</td>	0 0 .00 .00 .00 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0 0 .00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,865 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					MON	THLY AVERA	GE
243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	299	5,212 \$	351,805.30	\$ 67.50	21.449 \$	1176.61	\$ 1447.76
@PHYSICIANS SERVICES	184	1,537 \$	104,788.09	\$ 68.18	6.325 \$	569.50	\$ 431.23
OUTPATIENT VISITS	107	159	5,889.00	37.04	.654	55.04	24.23
OFFICE VISITS	92	129	4,656.18	36.09	.531	50.61	19.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	628.86	57.17	.045	69.87	2.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	115.00	115.00	.004	115.00	.47
OTHER OUTPATIENT	17	18	488.96	27.16	.074	28.76	2.01
INPATIENT VISITS	6	27	1,033.42	38.27	.111	172.24	4.25
HOSPITAL VISITS	6	27	1,033.42	38.27	.111	172.24	4.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.008	38.50	.32
EXAMINATIONS	2	2	77.00	38.50	.008	38.50	.32
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	118	8,473.02	71.81	.486	403.48	34.87
PRINCIPAL SURGEON	12	13	6,146.10	472.78	.053	512.18	25.29
ASSISTANT SURGEON	1	1	162.14	162.14	.004	162.14	.67
ANESTHESIOLOGIST	9	104	2,164.78	20.82	.428	240.53	8.91
OUTPATIENT SURGERY	24	103	5,923.51	57.51	.424	246.81	24.38
PRINCIPAL SURGEON	16	22	4,078.11	185.37	.091	254.88	16.78
ASSISTANT SURGEON	2	2	183.24	91.62	.008	91.62	.75
ANESTHESIOLOGIST	7	79	1,662.16	21.04	.325	237.45	6.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	37	100	4,116.09	41.16	.412	111.25	16.94

RADIOLOGY	83	522		47,800.89	91.57	2.148	575.91		196.71
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	15	369		28,317.60	76.74	1.519	1887.84		116.53
OTHER SERVICES/ALL X-OVERS	39	137		3,157.56	23.05	.564	80.96		12.99
@PHARMACY	198	2,088	\$	68,385.97	\$ 32.75	8.593	\$ 345.38	\$	281.42
PRESCRIPTION DRUGS	197	677		67,293.76	99.40	2.786	341.59		276.93
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	197	677		67,293.76	99.40	2.786	341.59		276.93
MEDICAL SUPPLIES		1,411		1,092.21	.77	5.807	109.22		4.49
@DENTIST	12	41	\$	2,368.00	\$ 57.76	.169	\$ 197.33	\$	9.74
VISITS - DIAGNOSTIC	8	22		423.00	19.23	.091	52.88		1.74
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	6	19		1,945.00	102.37	.078	324.17		8.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITUR	ES MON	NTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU	DEC 2003	P	AGE 9,866
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	OTAL						

PLACER COUNTI	SUMMARI OF SERV	ICES FOR BCCIP	IOIAL			.,	0.3.TTTT		~ =	
0.40			_		 		-	HLY AVERA	GE.	~~~~~
243 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST			COST PER		COST PER
	_	OR DAYS OF CAR			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5	12	\$	284.16	\$ 23.68	.049	\$	56.83	\$	1.17
DIAGNOSTIC AND ANC. PROCED	3	3		135.09	45.03	.012		45.03		.56
EYE APPLIANCES	3	9		149.07	16.56	.037		49.69		.61
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	5	34	\$	2,564.59	\$ 75.43	.140	\$	512.92	\$	10.55
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	90	1,172	\$	159,845.08	\$ 136.39	4.823	\$	1776.06	\$	657.80
HOSP INPATIENT TOTAL	16	64		97,243.92	1519.44	.263		6077.75		400.18
HSC HOSPITALS	13	56		70,573.00	1260.23	.230		5428.69		290.42
NON-HSC HOSPITAL TOTAL	2	6		25,830.92	4305.15	.025	-	12915.46		106.30
ACCOMMODATIONS	2	6		3,634.42	605.74	.025		1817.21		14.96
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	6		3,634.42	605.74	.025		1817.21		14.96
ANCILLARIES	2	0		22,196.50	.00	.000	-	11098.25		91.34
INPATIENT CROSSOVERS	1	2		840.00	420.00	.008		840.00		3.46
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	83	1,108		62,601.16	56.50	4.560		754.23		257.62
MEDICAL	24	42		1,209.75	28.80	.173		50.41		4.98
				•						

SURGERY	7	7		640.26		91.47	.029	91.47		2.63
PATHOLOGY	41	255		1,975.76		7.75	1.049	48.19		8.13
RADIOLOGY	31	121		11,607.57		95.93	.498	374.44		47.77
ROOM USE	44	107		3,949.15		36.91	.440	89.75		16.25
CROSSOVERS/ALL OTH OUTPTNT	28	576		43,218.67		75.03	2.370	1543.52		177.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT :	FOR JAN	2003 THRU	DEC 2003	PA	GE 9,867
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	'OTAL							
							M	ONTHLY AVERA	∠GE –	

243 ELIGIBLES	USERS	INTEG OF CERTICE		EXPENDIBLE	ATTED A CE. COCH			COST PER		COST PER
243 ELIGIBLES	USEKS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY			USER		ELIGIBLE
ACOMMINITES HORDINAL MOMAI	0.0		<u>.</u>	150 045 00	- ,	_				-
@COMMUNITY HOSPITAL TOTAL	90	•	\$	159,845.08	\$ 136.39	4.823	Ş	1776.06	Ş	657.80
COMM HOSP INPATIENT TOTAL	16	64		97,243.92	1519.44	.263		6077.75		400.18
HSC HOSPITALS	13	56		70,573.00	1260.23	.230		5428.69		290.42
NON-HSC HOSPITALS TOTAL	2	6		25,830.92	4305.15	.025		12915.46		106.30
ACCOMMODATIONS	2	6		3,634.42	605.74	.025		1817.21		14.96
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	6		3,634.42	605.74	.025		1817.21		14.96
ANCILLARIES	2	0		22,196.50	.00	.000		11098.25		91.34
INPATIENT CROSSOVERS	1	2		840.00	420.00	.008		840.00		3.46
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	83	1,108		62,601.16	56.50	4.560		754.23		257.62
MEDICAL	24	42		1,209.75	28.80	.173		50.41		4.98
SURGERY	7	7		640.26	91.47	.029		91.47		2.63
PATHOLOGY	41	255		1,975.76	7.75	1.049		48.19		8.13
RADIOLOGY	31	121		11,607.57	95.93	.498		374.44		47.77
ROOM USE	44	107		3,949.15	36.91	.440		89.75		16.25
CROSSOVERS/ALL OTH OUTPINT	28	576		43,218.67	75.03	2.370		1543.52		177.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ő	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	~	.00	.00	.000	۲	.00	~	.00
ICF DDN	0	0		.00	.00	.000		.00		.00
101 00	0	O		.00	.00	.000		.00		.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	47	241 \$	3,303.29	\$	13.71	.992	\$ 70.28	\$	13.59
PATHOLOGY	46	240	3,286.75		13.69	.988	71.45		13.53
XO AND OTHERS	1	1	16.54		16.54	.004	16.54		.07
@ORGANIZED OUTPATIENT CLINIC	32	52 \$	8,730.15	\$	167.89	.214	\$ 272.82	\$	35.93
CLINIC	2	5	101.91		20.38	.021	50.96		.42
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	30	47	8,628.24		183.58	.193	287.61		35.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PA	GE 9,868
MOP024	FEE-FOR-SERVICE/DENT	TAL .							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR BCCTP-TOT	'AL						
						M	MONTHLY AVERA	GE -	

						ILLI AVEKAG	E
243 ELIGIBLES	USERS	UNITS OF SERVICE E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	35 \$	1,535.97	\$ 43.88	.144 \$		\$ 6.32
DURABLE MED. EQUIP.	1	2	38.26	19.13	.008	38.26	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	2	236.40	118.20	.008	118.20	.97
AMBULANCES/AIR TRANS	2	2	236.40	118.20	.008	118.20	.97
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	.033	23.72	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	15	1,092.87	72.86	.062	136.61	4.50
PROSTHETICS	8	15	1,092.87	72.86	.062	136.61	4.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	8	73.56	9.20	.033	12.26	.30
@CALIF. CHILDREN SERVICES*	1	2 \$	84.38	\$ 42.19	.008 \$	84.38	\$.35
@XOVER EXCLUDING STATE HOSP**	12	34 \$	2,137.75	\$ 62.88	.140 \$	178.15	\$ 8.80
@* TOTALS IN THESE LINES ARE CIVI	ENT AC A CEDADA	TE INFORMATION ITEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,869
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

157 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	6	17	\$	741.92	\$ 43.64	.108	\$ 123.65	\$ 4.73
@PHYSICIANS SERVICES	4	5	; \$	101.05	\$ 20.21	.032	\$ 25.26	\$.64
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
	0	0						
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	5	101.05	20.21	.032	25.26		.64
@PHARMACY	0	0 \$.40CR		.000 \$		\$.00
	0	0 Ş			•		Ą	
PRESCRIPTION DRUGS	0	0	.40CR	.00	.000	.00		.00
SNF/ICF	Ü	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.40CR	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
	0	0						
PERIODONTICS	Ü	U	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACTAL SERVICES	0	0		0.0	0.00			0.0
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0	0 0 0	.00 .00 .00	.00	.000	.00 .00 .00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00 9,870
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0 0 MEDI-CAL SERVICES FEE-FOR-SERVICE/D	AND EXPENDITURES MO	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE/D	AND EXPENDITURES MO	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000 2003 THRU DEC	.00 .00 .00		.00 .00 .00 9,870
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/D	AND EXPENDITURES MO ENTAL	.00 .00 .00 .00	.00 .00 .00 ORT FOR JAN 2	.000 .000 .000 2003 THRU DEC	.00 .00 .00 .00	01	.00 .00 .00 9,870 /29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/D SUMMARY OF SERVIC	AND EXPENDITURES MO ENTAL	.00 .00 .00 .00 NTH-OF-PAYMENT REP	.00 .00 .00 ORT FOR JAN 2	.000 .000 .000 2003 THRU DEG	.00 .00 .00 .00 C 2003	01 GE	.00 .00 .00 9,870 /29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE	.00 .00 .00 .00 NTH-OF-PAYMENT REP EXPENDITURES	.00 .00 .00 ORT FOR JAN 2 AID CODE	.000 .000 .000 2003 THRU DEG 80 MON' UNITS/DAYS	.00 .00 .00 .00 C 2003	01 GE COST	.00 .00 .00 9,870 /29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 NTH-OF-PAYMENT REP	.00 .00 .00 ORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 .000 2003 THRU DEC 80 MON' UNITS/DAYS PER ELIG	.00 .00 .00 .00 C 2003 THLY AVERAC COST PER USER	01 GE COST ELIG	.00 .00 .00 9,870 /29/04 PER
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 NTH-OF-PAYMENT REP EXPENDITURES .00	.00 .00 .00 ORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	.000 .000 .000 2003 THRU DEG 80 MON' UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 C 2003 THLY AVERAC COST PER USER .00	01 GE COST ELIG	.00 .00 .00 9,870 /29/04 PER
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U 0 0	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 NTH-OF-PAYMENT REP EXPENDITURES .00 .00	.00 .00 .00 ORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 2003 THRU DEG 80 MON' UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 C 2003 THLY AVERAGE COST PER USER .00 .00	01 GE COST ELIG	.00 .00 .00 9,870 /29/04 PER SIBLE .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT REP EXPENDITURES .00 .00	.00 .00 .00 ORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 2003 THRU DEC 80 MON' UNITS/DAYS PER ELIG .000 \$.000	.00 .00 .00 .00 C 2003 THLY AVERAC COST PER USER .00 .00	01 GE COST ELIG	.00 .00 .00 9,870 /29/04 PER IBLE .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U 0 0	AND EXPENDITURES MO ENTAL ES FOR QMB - ONLY NITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT REP EXPENDITURES .00 .00	.00 .00 .00 ORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 .000 2003 THRU DEC 80 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 .00 C 2003 THLY AVERAC COST PER USER .00 .00 .00	01 GE COST ELIG \$.00 .00 .00 9,870 /29/04 PER HIBLE .00 .00
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NON-HSC HOSPITAL TOTAL							
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
ALL OTHER ACCOM	0	0		.00			.00
ANCILLARIES	Ü	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	12	116.27	9.69	.076	58.14	.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	12	116.27	9.69	.076	58.14	.74
	2						
@COUNTY HOSPITAL TOTAL	0		.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL		()	.00	.00	.000	.00	.00
MEDICAL	0	O					
	0	Ö	.00	.00	.000	.00	.00
MEDICAL	0 0 0	0 0		.00	.000	.00	.00 .00
MEDICAL SURGERY	0 0 0	0 0 0	.00				
MEDICAL SURGERY PATHOLOGY	0 0 0 0	0 0 0 0	.00	.00	.000	.00	.00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNI		•	.00 .00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	.00 .00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00 .00 PAGE 9,871
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MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO C/DENTAL FICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 12 \$ 0 0 0 0 0 0 0 12 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 116.27 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .076 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 EC 2003 NTHLY AVERA COST PER USER \$ 58.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PAGE 9,871 01/29/04 GE COST PER ELIGIBLE \$.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO C/DENTAL FICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 12 \$ 0 0 0 0 0 0 0 12 0 0 0 12	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 116.27 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .076 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 EC 2003 NTHLY AVERA COST PER USER \$ 58.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PAGE 9,871 01/29/04 GE COST PER ELIGIBLE \$.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO E/DENTAL FICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 12 \$ 0 0 0 0 0 0 12 0 0 12 0 0 12 0 5	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 116.27 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .076 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 EC 2003 NTHLY AVERA COST PER USER \$ 58.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PAGE 9,871 01/29/04 GE COST PER ELIGIBLE \$.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 157 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO C/DENTAL FICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 12 \$ 0 0 0 0 0 0 0 12 0 0 0 12	.00 .00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 116.27 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .076 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 EC 2003 NTHLY AVERA COST PER USER \$ 58.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PAGE 9,871 01/29/04 GE COST PER ELIGIBLE \$.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

@NURSING FACILITY	1	0 \$	3	525.00	\$.00	.000	\$	525.00	\$	3.34
LEV A-INTERMEDIATE	0	0	T	.00	т	.00	.000	*	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		525.00		.00	.000		525.00		3.34
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	S MONT	H-OF-PAYMENT RE	EPORT FO	R JAN 20	003 THRU	DEC	2003	PAGE	9,872
MOP024	FEE-FOR-SERVICE/DENT	'AL								0	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES	FOR QMB - ONI	LY		AI	D CODE 8	30				
						-		-	LY AVERA	-	
157 ELIGIBLES		S OF SERVICE		EXPENDITURES			JNITS/DAY	S C	OST PER	COS'	T PER
	OR	DAYS OF CARE					PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEADING AID DIGDENIGEDG				0.0		0.0	000		0.0		0.0

157 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 6 17 \$ 742.32 \$ 43.67 .108 \$ 123.72 \$ 4.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,873

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

PLACER COUNTY	SUMMARY OF SER	VICES FOR 133% PROGRAM	ALD (CODES /2 /4 8N			
					MON		
4,339 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,360	4,763 \$	184,077.54	\$ 38.65	1.098 \$	135.35	\$ 42.42
@PHYSICIANS SERVICES	743	1,455 \$	49,458.73	\$ 33.99	.335 \$	66.57	\$ 11.40
OUTPATIENT VISITS	673	888	29,325.51	33.02	.205	43.57	6.76
OFFICE VISITS	519	672	20,963.46	31.20	.155	40.39	4.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	138	150	6,760.95	45.07	.035	48.99	1.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	57	66	1,601.10	24.26	.015	28.09	.37
INPATIENT VISITS	4	21	2,248.74	107.08	.005	562.19	.52
HOSPITAL VISITS	2	16	1,094.33	68.40	.004	547.17	.25
CRITICAL CARE	2	5	1,154.41	230.88	.001	577.21	.27
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	8	263.62	32.95	.002	43.94	.06
	5	7	257.62	36.80	.002	51.52	.06
EXAMINATIONS	5	1					
SERVICES AND MATERIALS	6	_	6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY		85	3,316.63	39.02	.020	552.77	.76
PRINCIPAL SURGEON	3	4	1,373.25	343.31	.001	457.75	.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	81	1,943.38	23.99	.019	388.68	.45
OUTPATIENT SURGERY	53	151	7,066.51	46.80	.035	133.33	1.63
PRINCIPAL SURGEON	39	43	4,311.76	100.27	.010	110.56	.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	108	2,754.75	25.51	.025	183.65	.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	59	70	1,215.18	17.36	.016	20.60	.28
RADIOLOGY	59	87	1,379.21	15.85	.020	23.38	.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	7	54.33	7.76	.002	10.87	.01
OTHER SERVICES/ALL X-OVERS	40	138	4,589.00	33.25	.032	114.73	1.06
@PHARMACY	562	988 \$	25,971.97	\$ 26.29	.228 \$	46.21	\$ 5.99
PRESCRIPTION DRUGS	557	944	24,502.86	25.96	.218	43.99	5.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	557	944	24,502.86	25.96	.218	43.99	5.65
MEDICAL SUPPLIES	11	44	1,469.11	33.39	.010	133.56	.34
@DENTIST	166	1,033 \$	28,675.00	\$ 27.76	.238 \$		\$ 6.61
VISITS - DIAGNOSTIC	138	571	8,515.00	14.91	.132	61.70	1.96
ORAL SURGERY	9	12	429.00	35.75	.003	47.67	.10
DRUGS	39	49	950.00	19.39	.011	24.36	.22
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	39	105	6,129.00	58.37	.024	157.15	1.41
RESTORATIVE DENTISTRY	62	261	12,252.00	46.94	.060	197.61	2.82
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3	400.00	133.33	.001	200.00	.09
	0	0	.00	.00	.000	.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0					
ORTHODONTIC SERVICES	0 15	32	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	32	.00	.00	.007	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,874
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

I MICHIC COUNTY	DOMESTICE OF DELICE	VICUD IOIC	1330 1100	JOIGHI	7110	CODED A	2 /1 011	OI				
								M	ONT	HLY AVERA	GE.	
4,339 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER U	JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6		15	\$	439.80	\$	29.32	.003	\$	73.30	\$.10
DIAGNOSTIC AND ANC. PROCED	6		7		317.50		45.36	.002		52.92		.07
EYE APPLIANCES	3		8		122.30		15.29	.002		40.77		.03
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	241	735 \$	61,510.93	\$ 83.69		\$ 255.23	\$ 14.18
HOSP INPATIENT TOTAL	7	39	41,444.04	1062.67	.009	5920.58	9.55
HSC HOSPITALS	, 5	31	37,930.00	1223.55	.007	7586.00	8.74
NON-HSC HOSPITAL TOTAL	2	8	3,514.04	439.26	.002	1757.02	.81
	2	0					
ACCOMMODATIONS	2	0	945.98	118.25	.002	472.99	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	945.98	118.25	.002	472.99	.22
ANCILLARIES	2	0	2,568.06	.00	.000	1284.03	.59
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	237	696	20,066.89	28.83	.160	84.67	4.62
MEDICAL	25	37	904.88	24.46	.009	36.20	. 21
SURGERY	25	26	963.78	37.07	.006	38.55	.22
PATHOLOGY	63	212	1,960.02	9.25	.049	31.11	.45
RADIOLOGY	48	60	2,855.66	47.59	.014	59.49	.66
ROOM USE	190	230	8,781.78	38.18	.053	46.22	2.02
CROSSOVERS/ALL OTH OUTPTNT	69	131	4,600.77	35.12	.030	66.68	1.06
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 9,875
MOP024	FEE-FOR-SERVICE			DIORI TOR OTH	2005 IIIKO D	LC 2005	01/29/04
PLACER COUNTY		ICES FOR 133% PROGRA	M ATD	CODES 72 74 8N	I RD		01/25/04
PHACER COUNTY	SOMMAN OF SERV	ICED FOR 155% FROMA	M AID	CODED 12 14 OF		MTHIV AMEDA	GE
4,339 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
T, 337 EDIGIDDES	OSERS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	241	735 \$	61,510.93	\$ 83.69	.169		
	7	735 Ş 39	41,444.04	1062.67	.009	5920.58	9.55
COMM HOSP INPATIENT TOTAL	5	39					
HSC HOSPITALS	2		37,930.00	1223.55	.007	7586.00	8.74
NON-HSC HOSPITALS TOTAL		8	3,514.04	439.26	.002	1757.02	.81
ACCOMMODATIONS	2	8	945.98	118.25	.002	472.99	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	945.98	118.25	.002	472.99	.22
ANCILLARIES	2	0	2,568.06	.00	.000	1284.03	.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	237	696		20,066.89		28.83	.160		84.67	4.62
MEDICAL	25	37		904.88		24.46	.009		36.20	.21
SURGERY	25	26		963.78		37.07	.006		38.55	.22
PATHOLOGY	63	212		1,960.02		9.25	.049		31.11	.45
RADIOLOGY	48	60		2,855.66		47.59	.014		59.49	.66
ROOM USE	190	230		8,781.78		38.18	.053		46.22	2.02
CROSSOVERS/ALL OTH OUTPTNT	69	131		4,600.77		35.12	.030		66.68	1.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	48	88	\$	1,285.27	\$	14.61	.020	\$	26.78	\$.30
PATHOLOGY	48	88		1,285.27		14.61	.020		26.78	.30
XO AND OTHERS	0	0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	62	128	\$	11,206.81	\$	87.55	.029	\$	180.76	\$ 2.58
CLINIC	14	16		533.26		33.33	.004		38.09	.12
SURGICENTER	10	64		2,162.59		33.79	.015		216.26	.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	.00
RURAL HEALTH CLINIC	38	48		8,510.96		177.31	.011		223.97	1.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDIT	URES MONT	H-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	E 9,876
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	ર 133% :	PROGRAM	AID	CODES	72 74 81				
4 220 BLTGTDI BG	HODDO IDITEO	OD GDD177					M		HLY AVERA	

4,339 ELIGIBLES USERS EXPENDITURES COST PER UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .074 \$ 178.36 \$ @ALL OTHER PROVIDERS 31 321 5,529.03 \$ 17.22 1.27 99.99 99.99 DURABLE MED. EQUIP. 1 1 99.99 .000 .02 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 162 3,630.78 22.41 .037 518.68 .84 MEDICAL TRANSPORTATION 11.37 161 1,830.78 .037 261.54 .42 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 1,800.00 OTHER SERVICES 1 1800.00 .000 1800.00 .41 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 .000 GENETIC DISEASE TESTING 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 33.28 8.32 OPTICIAN .001 16.64 .01 .00 .00 .00 .000 .00 PHYSICAL THERAPIST PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .000 PROSTHETICS 0 0 .00 .00 .000 .00 .00 0 ORTHOTICS 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	210.18	52.55	.001	70.06	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	150	1,554.80	10.37	.035	86.38	.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	46	329	\$ 38,698.69	\$ 117.63	.076	\$ 841.28	\$ 8.92
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,877 FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T PLACER COUNTY

PLACER COUNTI	SUMMARI OF SER	VICES FOR 1000 PROGRAM	AID (CODES /A /C OR			
					MON		
3,715 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,150	8,681 \$	132,962.74	\$ 15.32	2.337 \$		
@PHYSICIANS SERVICES	441	927 \$		\$ 27.45	.250 \$		
OUTPATIENT VISITS	377	463	15,633.88	33.77	.125	41.47	4.21
OFFICE VISITS	303	369	11,823.99	32.04	.099	39.02	3.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	61	2,879.33	47.20	.016	50.51	.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	31	33	930.56	28.20	.009	30.02	. 25
INPATIENT VISITS	3	2CR	94.14	47.07CR	.001CR	31.38	.03
HOSPITAL VISITS	3	2CR	94.14	47.07CR	.001CR	31.38	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	174.02	34.80	.001	34.80	.05
EXAMINATIONS	3	3	162.02	54.01	.001	54.01	.04
SERVICES AND MATERIALS	2	2	12.00	6.00	.001	6.00	.00
INPATIENT HOSPITAL SURGERY	4	20	1,512.24	75.61	.005	378.06	.41
PRINCIPAL SURGEON	3	8	1,349.58	168.70	.002	449.86	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	162.66	13.56	.003	162.66	.04
OUTPATIENT SURGERY	26	46	2,784.04	60.52	.012	107.08	.75
PRINCIPAL SURGEON	24	26	2,351.96	90.46	.007	98.00	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	20	432.08	21.60	.005	144.03	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	62	69	646.34	9.37	.019	10.42	.17
RADIOLOGY	67	95	2,173.99	22.88	.026	32.45	.59
PSYCHIATRY	2	2	65.96	32.98	.001	32.98	.02
IMMUNIZATION AND INJECTION	4	7	163.92	23.42	.002	40.98	.04
OTHER SERVICES/ALL X-OVERS	34	222	2,194.08	9.88	.060	64.53	.59
@PHARMACY	417	5,271 \$	34,305.89	\$ 6.51	1.419 \$	82.27	\$ 9.23
PRESCRIPTION DRUGS	413	722	32,466.65	44.97	.194	78.61	8.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	413	722	32,466.65	44.97	.194	78.61	8.74
MEDICAL SUPPLIES	14	4,549	1,839.24	.40	1.224	131.37	.50
@DENTIST	256	1,394 \$	32,166.00	\$ 23.07	.375 \$	125.65	\$ 8.66
VISITS - DIAGNOSTIC	191	966	14,986.00	15.51	.260	78.46	4.03
ORAL SURGERY	31	64	2,643.00	41.30	.017	85.26	.71
DRUGS	22	30	465.00	15.50	.008	21.14	.13
ANESTHESIA	1	1	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	24	40	2,274.00	56.85	.011	94.75	.61
RESTORATIVE DENTISTRY	88	233	9,468.00	40.64	.063	107.59	2.55
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	9	12	760.00	63.33	.003	84.44	.20
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	27	1,570.00	58.15	.007	62.80	.42
ALL OTHER SERVICES	12	20	.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	ITH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 9,878
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R 8	T		
				-	MONT	THLY AVERAC	GE

PLACER COUNTY	SUMMARY OF SERVICES F	FOR 100)% PR(OGRAM	AID	CODE	S 7A 7C 8R	8T				
								M	TNO	HLY AVERA	GE	
3,715 ELIGIBLES	USERS UNITS	S OF SEE	RVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
	OR D	DAYS OF	CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	51	14	43	\$	3,331.15	\$	23.29	.038	\$	65.32	\$.90
DIAGNOSTIC AND ANC. PROCED	35	3	35		1,641.60		46.90	.009		46.90		.44
EYE APPLIANCES	38		05		1,592.07		15.16	.028		41.90		.43
OTHER OPTOMETRIC SERVICES	3		3		97.48		32.49	.001		32.49		.03
@CHIROPRACTOR	1		1	\$	16.72	\$	16.72	.000	\$	16.72	\$.00
VISITS	1		1	•	16.72	•	16.72	.000		16.72		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	32.02	\$	32.02	.000	\$	32.02	\$.01
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	1		1		32.02		32.02	.000		32.02		.01
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	134	38	32	\$	17,296.15	\$	45.28	.103	\$	129.08	\$	4.66
HOSP INPATIENT TOTAL	8	-	10		7,757.25		775.73	.003		969.66		2.09
HSC HOSPITALS	7		9		3,617.07		401.90	.002		516.72		.97
NON-HSC HOSPITAL TOTAL	1		1		4,140.18		4140.18	.000		4140.18		1.11
ACCOMMODATIONS	1		1		802.40		802.40	.000		802.40		.22
ADMINISTRATIVE DAYS	0		0 0 1		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1				802.40		802.40	.000		802.40		.22
ANCILLARIES	1		0		3,337.78		.00	.000		3337.78		.90
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	127		72		9,538.90		25.64	.100		75.11		2.57
MEDICAL	14	_	18		592.08		32.89	.005		42.29		.16
SURGERY	13		13		421.77		32.44	.003		32.44		.11
PATHOLOGY	36		93		962.71		10.35	.025		26.74		.26
RADIOLOGY	29		37		1,734.15		46.87	.010		59.80		.47
ROOM USE	92	10			4,048.39		37.14	.029		44.00		1.09
CROSSOVERS/ALL OTH OUTPTNT		10	02		1,779.80		17.45	.027		57.41		.48
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	3 THRU DEC	2003	PAGE 9,879
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	5 7A 7C 8R 8	[
					MONT	THLY AVERAC	GE
3,715 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVI	ERAGE COST UI	NITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE	PEI	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	134	382 \$	17,296.15 \$	45.28	.103 \$	129.08	\$ 4.66

COMM HOSP INPATIENT TOTAL	8	10		7,757.25		775.73	.003		969.66		2.09
HSC HOSPITALS	7	9		3,617.07		401.90	.002		516.72		.97
NON-HSC HOSPITALS TOTAL	1	1		4,140.18		4140.18	.000		4140.18		1.11
ACCOMMODATIONS	1	1		802.40		802.40	.000		802.40		.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		802.40		802.40	.000		802.40		.22
ANCILLARIES	1	0		3,337.78		.00	.000		3337.78		.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	127	372		9,538.90		25.64	.100		75.11		2.57
MEDICAL	14	18		592.08		32.89	.005		42.29		.16
SURGERY	13	13		421.77		32.44	.003		32.44		.11
PATHOLOGY	36	93		962.71		10.35	.025		26.74		.26
RADIOLOGY	29	37		1,734.15		46.87	.010		59.80		.47
ROOM USE	92	109		4,048.39		37.14	.029		44.00		1.09
CROSSOVERS/ALL OTH OUTPTNT	31	102		1,779.80		17.45	.027		57.41		.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	τ	.00	.000	Τ.	.00	Υ	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
LEV B-REGULAR	0	Ö		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ö	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	Ů.	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
ICF DD	0	Ö		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	بے	.00	ċ.	.00
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
TADEDENDENE EXCITAGA	0	0				.00	.000				.00
INDEPENDENT FACILITY	20	123	۲.	.00	۲.			۲,	.00 48.63	Ċ.	.50
@LABORATORY FACILITY PATHOLOGY	38	123	Ą	1,848.05 1,848.05	\$	15.02	.033	Ą	48.63	Ą	.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	68	121	\$	14,769.31	ė.	122.06		بے	217.20	ċ.	3.98
CLINIC	13	50	Ą	1,215.20	Ą	24.30	.033 .013	Ą	93.48	Ą	.33
	0	0									
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	55	71		13,554.11		190.90	.019		.00 246.44		3.65
	MEDI CAI CEDITC		TDEC MC	NTH-OF-PAYMENT R	ים חרם יו			חבים			
MOP024	FEE-FOR-SERVICE		RES MC	MIH-OF-PAIMENI R	EPORI	FOR JAN .	2003 IRU .	DEC	2003	PF	01/29/04
PLACER COUNTY				MI AID	CODEC	י 77 קר יס ס	OTT				01/29/04
PLACER COUNTY	SUMMARI OF SERV	ICES FOR 100% E	ROGRAM	I AID	CODES) /A /C OR	M	∪ NTTT'	מדע אזידיםא	CF -	
3,715 ELIGIBLES	HCFDC	INTTO OF CEDUTO	יםי	EXPENDITURES	7/17/1	ים אכיב כספים	UNITS/DAY			_	
3,715 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITORES			PER ELIG		COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	112	318	\$	3,754.84	\$	11.81	.086		33.53		1.01
	5	9	Ą	253.03	Ą	28.11	.002	Ą	50.61	Ą	.07
DURABLE MED. EQUIP.	0										
BLOOD BANK	0	0		.00		.00 .00	.000		.00		.00
HEARING AID DISPENSERS	0	0									.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0			.00		.00	.000		.00		.00
OTHER TRANS	-	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	U	Ü		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	85	793.53	9.34	.023	19.84	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	264.14	132.07	.001	132.07	.07
PROSTHETICS	2	2	264.14	132.07	.001	132.07	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	163.71	27.29	.002	40.93	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	63	216	2,280.43	10.56	.058	36.20	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	37	\$ 3,146.35	\$ 85.04	.010	\$ 196.65	\$.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,881

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MO1	NTHLY AVERAC	BE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	360	1,757 \$	64,554.21	\$ 36.74	.000	\$ 179.32	\$.00
@PHYSICIANS SERVICES	44	70 \$	4,115.77	\$ 58.80	.000	\$ 93.54	\$.00
OUTPATIENT VISITS	13	34	1,444.76	42.49	.000	111.14	.00
OFFICE VISITS	6	7	152.57	21.80	.000	25.43	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	27	1,292.19	47.86	.000	161.52	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	13.91	4.64	.000	4.64	.00
RADIOLOGY	33	33	2,657.10	80.52	.000	80.52	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	10	14	\$	299.19 \$	\$ 21.37	.000 \$	29.92	\$.00
PRESCRIPTION DRUGS	9	12		122.07	10.17	.000	13.56		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	9	12		122.07	10.17	.000	13.56		.00
MEDICAL SUPPLIES	1	2		177.12	88.56	.000	177.12		.00
@DENTIST	0	0	\$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTE	H-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DEC	2003	PAGE	9,882
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	PRESUM	TIVE ELI	GIBILITY-PREGNAN	NT AID CODES	5 7F 7G			
						340375		~ =	

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES .00 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 .00 NURSE ANESTHESIST .00 .000 .00 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 @TOTAL HOSPITAL 256.91 51.38 .000 51.38 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 0 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 256.91 51.38 .000 51.38 .00 .00 .00 MEDICAL .00 .000 .00 SURGERY 0 0 .00 .00 .000 .00 .00 2 22.10 PATHOLOGY 11.05 .000 11.05 .00 .00 RADIOLOGY 3 234.81 78.27 .000 78.27 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES I	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 9,883
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	PRESUMPTIV	E ELIGIBILITY-PREGN	ANT AID CODES	5 7F 7G		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 5 256.91 51.38 .000 \$ 51.38 \$.00 .000 COMM HOSP INPATIENT TOTAL 0 .00 .00 .00 .00 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 256.91 51.38 .000 COMM HOSP OUTPATIENT TOTAL 51.38 .00 .00 .000 MEDICAL .00 .00 .00 .00 .00 SURGERY 0 .00 .000 .00 22.10 11.05 .000 11.05 PATHOLOGY .00 RADIOLOGY 3 234.81 78.27 .000 78.27 .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL 0 .00 .00 .000 \$.00 .00 .000 MENTALLY ILL .00 .00 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 0 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 HOSPITAL BASED .00 .000 .00 .00 HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	164	221	\$	5,484.49	\$	24.82	.000	\$	33.44	\$.00
PATHOLOGY	164	221		5,484.49		24.82	.000		33.44		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	262	1,416	\$	51,166.85	\$	36.13	.000	\$	195.29	\$.00
CLINIC	245	1,394		46,773.39		33.55	.000		190.91		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	22		4,393.46		199.70	.000		258.44		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDI	TURES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PAGE	9,884
MOP024	FEE-FOR-SERVICE	/DENTAL								0	1/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PRES	UMPTIV	E ELIGIBILITY-PRE	GNANT	AID CODES	S 7F 7G				
							N	TNON	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	ERAGE COST	r units/day	ZS	COST PER	COS	T PER

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31	31 \$	3,231.00	\$ 104.23	.000 \$	104.23 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,231.00	104.23	.000	104.23	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS

INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

ANESTHESIOLOGIST

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,885
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 0 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT 0 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00

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OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	Ü	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ū	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ω	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES/ALL X-OVERS	Ū	<u> </u>	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	n	0	.00	.00	.000	.00	.00
	0	0					
OUTPATIENTS	Ū	<u> </u>	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	Ü	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0					
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
ALL OTHER SERVICES	U	0	.00				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	U ES AND EXPENDITURES MONT					PAGE 9,886
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT					PAGE 9,886
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC		
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 9,886 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONT	2003 HLY AVERAGE	PAGE 9,886 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONT	2003	PAGE 9,886 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONT UNITS/DAYS	2003 HLY AVERAGE	PAGE 9,886 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	"H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER	PAGE 9,886 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	TH-OF-PAYMENT RECULOSIS PROGRAMEXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	2003 HLY AVERAGE COST PER USER .00 \$	PAGE 9,886 01/29/04 E COST PER ELIGIBLE 5.00
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#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EH-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 COST PER ELIGIBLE COST PER 00 00 00 00 00 00 00 00 00 00 00 00 00
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#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PH-OF-PAYMENT RECULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 COST PER ELIGIBLE COST PER 00 00 00 00 00 00 00 00 00 00 00 00 00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE OS	ETH-OF-PAYMENT RE ECULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 COST PER ELIGIBLE COST OC
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PH-OF-PAYMENT RECULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE O \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	PH-OF-PAYMENT RECULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PH-OF-PAYMENT RECULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,886 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

ALL OTHER ACCOM	0		0			.00		.00		.000		.00		.00
ANCILLARIES	0		0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00		.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0			.00		.00		.000		.00		.00
MEDICAL	0		0			.00		.00		.000		.00		.00
SURGERY	0		0			.00		.00		.000		.00		.00
PATHOLOGY	0		0			.00		.00		.000		.00		.00
RADIOLOGY	0		0			.00		.00		.000		.00		.00
ROOM USE	0		0			.00		.00		.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00		.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	Ś		.00	\$.00		.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•		.00	·	.00		.000		.00	•	.00
HSC HOSPITALS	0		0			.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00		.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00		.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00		.000		.00		.00
ANCILLARIES	0		0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00		.000		.00		.00
MEDICAL	0		0			.00		.00		.000		.00		.00
SURGERY	0		0			.00		.00		.000		.00		.00
PATHOLOGY	0		0			.00		.00		.000		.00		.00
RADIOLOGY	0		0			.00		.00		.000		.00		.00
ROOM USE	0		0			.00		.00		.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXE	PENDITUR	ES M	ONTH-OF-PAYMEN	NT RE	PORT FOR	JAN :	2003 5	THRU I	DEC 20	003	PAGE	9,887
MOP024	FEE-FOR-SERVICE/	DENTAL											01	/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR	MEDI-CA	L TUI	BERCULOSIS PRO	OGRAM	I AID	CODE	7H					
										MO	ONTHL	AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITUR	RES	AVERAGE	COST	UNIT	S/DAYS	S COS	ST PER	COST	' PER
		OR DAYS	OF CARE				PER UNI	r/DAY	PER	ELIG	J	JSER	ELIG	SIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00		.000	\$.00	\$.00
~~~~	•		_			~ ~		0.0		000		0.0		0.0

00						TILLI AVEKA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 :	\$	.00 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 :	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 :	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 :	\$	.00 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 :	\$	.00 \$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAY	MENT REPO	RT FOR JAN 2	2003 THRU I	DEC 200	3	PAGE	9,888
MOP024	FEE-FOR-SERVICE/DENTAL								01	/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	R MEDI-CAL	TUBERCULOSIS	PROGRAM	AID CODE	7H				

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALC IN THECE LINES ADD CIVE	מגמים ג סג זאי	ATT TATEODMATTON THEM ON	T 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,889
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO	NTHLY AVERA	GE.	
318 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	340	1,727	\$	162,096.80	\$ 93.86	5.431	\$ 476.76	\$	509.74
@PHYSICIANS SERVICES	183	585	\$	47,814.64	\$ 81.73	1.840	\$ 261.28	\$	150.36
OUTPATIENT VISITS	90	155		11,271.09	72.72	.487	125.23		35.44
OFFICE VISITS	17	17		1,253.95	73.76	.053	73.76		3.94
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	11	12		836.18	69.68	.038	76.02		2.63
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	68	126		9,180.96	72.86	.396	135.01		28.87
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	14	25		1,106.98	44.28	.079	79.07		3.48

HOSPITAL VISITS 14 24 974.31 40.60 .075 69.59	3.06
CRITICAL CARE 1 1 132.67 132.67 .003 132.67	.42
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00	.00
	75.20
	4.64
ASSISTANT SURGEON 2 2 373.00 186.50 .006 186.50	1.17
ANESTHESIOLOGIST 15 108 2,982.85 27.62 .340 198.86	9.38
OUTPATIENT SURGERY 26 44 4,542.32 103.23 .138 174.70	4.28
	2.89
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 11 11 443.79 40.34 .035 40.34	1.40
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 21 47 305.06 6.49 .148 14.53	.96
RADIOLOGY 67 76 5,287.60 69.57 .239 78.92	6.63
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 28 75 1,220.10 16.27 .236 43.58	3.84
OTHER SERVICES/ALL X-OVERS 6 26 169.00 6.50 .082 28.17	.53
@PHARMACY 67 114 \$ 2,449.61 \$ 21.49 .358 \$ 36.56 \$	7.70
PRESCRIPTION DRUGS 67 114 2,449.61 21.49 .358 36.56	7.70
SNF/ICF 0 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 67 114 2,449.61 21.49 .358 36.56	7.70
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 0 0 \$ .00 \$ .00 \$ .00 \$	.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00	.00
ORAL SURGERY 0 0 .00 .00 .00 .00	.00
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 0 .00 .00 .00 .00	.00
PERIODONTICS 0 0 .00 .00 .00 .00	.00
ENDODONTICS 0 0 .00 .00 .00 .00	.00
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 0 .00 .00 .00 .00	.00
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00	.00
SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00	.00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00	.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00	.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00	.00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	9,890
MOP024 FEE-FOR-SERVICE/DENTAL 0:	/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

318 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$ .00 \$ .00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 .00 .00 0 .00 .000 .00 EYE APPLIANCES 0 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 \$ .00 .000 VISITS .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 .00 0 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 OTHER .000 0 @HOME HEALTH AGENCY Ω .00 .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	; \$	.00	Ė	.00	.000		)	.00
ENMITY MIDCE DDACTTTOMED	Ō	0	S	.00	\$	.00	.000	\$ .00	) \$	.00
@TOTAL HOSPITAL	79		Š	80,432.11		202.60	1.248			
HOSP INPATIENT TOTAL	79 25 17	397 61 30 31 31 0 0 31 0 0 336	Τ	74,569.60	т	1222.45	.192	2982.78		234.50
HSC HOSPITALS	17	30		35,520.25		1222.45 1184.01 1259.66 541.47	.094	2089.43		111.70
NON-HSC HOSPITAL TOTAL	8	21		39,049.35		1259.66	.097	4881.17		122.80
ACCOMMODATIONS	0	3± 21		16,785.44		E41 47	.097	2098.18		52.78
ADMINISTRATIVE DAYS	0	21		.00		.00	.000	.00		.00
	0	0								
TRANSITIONAL IP CARE	0	U 3.1		.00 16,785.44		.00 541.47	.000	.00 2098.18		.00 52.78
ALL OTHER ACCOM	8	31					.097			
ANCILLARIES	8	0		22,263.91		.00	.000	2782.99		70.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	62	336 1		5,862.51		.00 17.45 14.35	1.057	94.56		18.44
MEDICAL	1	1		14.35			.003	14.35		.05
SURGERY	11	14		323.29		23.09	.044	29.39		1.02
PATHOLOGY	34	157		1,586.90		10.11	.494	46.67		4.99
RADIOLOGY	13	13		717.67		55.21	.041	55.21		2.26
ROOM USE	39	68		2,382.89		35.04	.214	61.10	i	7.49
CROSSOVERS/ALL OTH OUTPINT	30	83		837.41		10.09	.261	27.91		2.63
@COUNTY HOSPITAL TOTAL	2	18	\$	499.05	\$	27.73	.057	\$ 249.53	\$	1.57
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	.00	,	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	J	.00
NON-HSC HOSPITALS TOTAL	0	0		499.05 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00	.000			.00
ACCOMMODATIONS	Ô	Ô		0.00		.00	.000			.00
ADMINISTRATIVE DAYS	Ô	0		0.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	Õ	0		00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		00		.00	.000			.00
ANCILLARIES	0	0		.00		.00	.000			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
	0	0		.00		.00	000	0.0		.00
ALL OTHER INPATIENT	0	1.0		.00		.00 .00 27.73	.000	240.50		
CO HOSP OUTPATIENT TOTAL	2	18		499.05			.057	249.53		1.57
MEDICAL	U	0		.00		.00 29.61	.000	.00		.00
SURGERY	2	2		59.22		29.61	.006	29.61		.19
PATHOLOGY	Ţ	8		148.29		18.54	.025	249.53 .00 29.61 148.29		. 47
RADIOLOGY	0	0				.00	.000	.00	)	.00
ROOM USE	1	4		254.65		63.66	.013	254.65		.80
CROSSOVERS/ALL OTH OUTPTNT		4		36.89		9.22	.013	18.45		.12
		ES AND EXPENDITURE	S MON	TH-OF-PAYMENT R	REPOR	T FOR JAN	2003 THRU I	DEC 2003	P	PAGE 9,891
MOP024	FEE-FOR-SERVICE									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MINOR CO	NSENT	AID CODES AID	CODE	S 7M 7P 7R	2 7N			
							MO	ONTHLY AVER	AGE	
318 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER	_	COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77 25	379	\$	79,933.06	\$	210.91	1.192	\$ 1038.09	\$	251.36
COMM HOSP INPATIENT TOTAL	25	379 61 30 31 31 0	-	74,569.60	•	1222.45	.192	2982.78		234.50
	17	30		35,520.25		1222.45 1184.01 1259.66 541.47	.094	2089.43		111.70
NON-HSC HOSPITALS TOTAL	8 8	31		20 040 25		1259.66	.097			122.80
ACCOMMODATIONS	8	31		16,785.44		541.47	.097	2098.18		52.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	21		16 705 44		.00 E41 47	.000	2000 10		.00 52 70

31

0

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318

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33

16,785.44

22,263.91

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5,363.46

14.35

264.07

1,438.61

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541.47

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14.35

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9.66

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1.000

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2098.18

2782.99

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89.39

14.35

29.34

43.59

52.78

70.01

16.87

.05

.83

4.52

.00

.00

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY	13	13		717.67		55.21	.041		55.21		2.26
ROOM USE	38	64		2,128.24		33.25	.201		56.01		6.69
CROSSOVERS/ALL OTH OUTPTNT	28	79		800.52		10.13	.248		28.59		2.52
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	77	258	\$	4,339.58	\$	16.82	.811	\$	56.36	\$	13.65
PATHOLOGY	77	258		4,339.58		16.82	.811		56.36		13.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	85	358	\$		\$		1.126	\$	299.83	\$	80.14
CLINIC	55	289		11,343.86		39.25	.909		206.25		35.67
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	69		14,142.00		204.96	.217		456.19		44.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 9,892
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID C	CODES	7M 7P 7R					
							M	IONTI	HLY AVERA	GE -	

318 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY 105.00 @ALL OTHER PROVIDERS 15 15 1,575.00 105.00 .047 \$ \$ 4.95 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS 0 .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 GENETIC DISEASE TESTING 15 15 1,575.00 105.00 .047 105.00 4.95 0 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 0 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 0 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,893 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR	EDWARDS	CASES	IN PA-FAMILIES	AID CODE	38			
							MO	NTHLY AV	ERAG	E
8,458 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST I	ER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USE	_	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,247	18	,842	\$	879,888.80	\$ 46.70	2.228	\$ 207	18	\$ 104.03
@PHYSICIANS SERVICES	1,801		,618	\$	149,578.86	\$ 41.34	.428	\$ 83	05	
OUTPATIENT VISITS	1,492		,933	Υ	68,439.42	35.41	.229	45		8.09
OFFICE VISITS	1,014		,257		36,976.35	29.42	.149	36		4.37
HOME VISITS	0	_	0		.00	.00	.000		00	.00
EMERGENCY ROOM	381		426		21,265.91	49.92	.050	55		2.51
PREVENTIVE CARE	1		1		37.39	37.39	.000	37		.00
OB VISITS/COMPRE PERI	68		97		6,603.76	68.08	.011	97.		.78
OTHER OUTPATIENT	138		152		3,556.01	23.39	.018	25		. 42
INPATIENT VISITS	36		102		5,283.76	51.80	.012	146		.62
HOSPITAL VISITS	35		89		3,995.07	44.89	.011	114		. 47
CRITICAL CARE	3		13		1,288.69	99.13	.002	429		.15
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000		00	.00
OPHTHALMOLOGICAL SERVICES	8		8		325.68	40.71	.001	40		.04
EXAMINATIONS	6		6		313.68	52.28	.001	52		.04
SERVICES AND MATERIALS	2		2		12.00	6.00	.000	6		.00
INPATIENT HOSPITAL SURGERY	46		226		28,347.56	125.43	.027	616	25	3.35
PRINCIPAL SURGEON	29		37		22,197.69	599.94	.004	765	44	2.62
ASSISTANT SURGEON	7		9		1,306.01	145.11	.001	186	57	.15
ANESTHESIOLOGIST	24		180		4,843.86	26.91	.021	201	83	.57
OUTPATIENT SURGERY	116		217		13,043.84	60.11	.026	112	45	1.54
PRINCIPAL SURGEON	101		118		10,166.08	86.15	.014	100		1.20
ASSISTANT SURGEON	2		2		200.30	100.15	.000	100		.02
ANESTHESIOLOGIST	22		97		2,677.46	27.60	.011	121		.32
DIALYSIS	0		0		.00	.00	.000		00	.00
PATHOLOGY	160		208		2,039.96	9.81	.025	12		.24
RADIOLOGY	292		460		19,140.55	41.61	.054	65		2.26
PSYCHIATRY	17		21		692.58	32.98	.002	40		.08
IMMUNIZATION AND INJECTION	41		60		5,150.92	85.85	.002	125		.61
OTHER SERVICES/ALL X-OVERS	113		383		7,114.59	18.58	.045	62		.84
		_		d						
@PHARMACY	2,070 2,062		,950	\$	237,753.17 234,825.10	\$ 39.96 51.99	.703	113	86	\$ 28.11 27.76
PRESCRIPTION DRUGS		4	,517		•		.534			
SNF/ICF	3		28		980.69	35.02	.003	326		.12
OUTPATIENTS	2,062		,489		233,844.41	52.09	.531	113		27.65
MEDICAL SUPPLIES	27		,433		2,928.07	2.04	.169	108		.35
@DENTIST	504		,360	\$		\$ 42.25	.279		85	
VISITS - DIAGNOSTIC	315	1	,349		18,597.24	13.79	.159	59.		2.20
ORAL SURGERY	78		196		10,210.00	52.09	.023	130		1.21
DRUGS	25		28		575.00	20.54	.003	23		.07
ANESTHESIA	3		3		300.00	100.00	.000	100	00	.04
PERIODONTICS	13		13		2,072.00	159.38	.002	159	38	.24
ENDODONTICS	69		142		22,745.00	160.18	.017	329	64	2.69
RESTORATIVE DENTISTRY	178		505		37,015.00	73.30	.060	207	95	4.38
PROSTHETICS	2		2		30.00	15.00	.000	15.	00	.00

DENTURES, STAYPLATES	12		44		4,199.00		95.43		005	349.	.92		.50
SPACE MAINTAINERS	4		6		791.00		131.83		001	197.	. 75		.09
MAXILLOFACIAL SERVICES	1		1		50.00		50.00		000	50.	.00		.01
FRACTURES, DISLOCATIONS	0		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	30		40		3,130.00		78.25		005	104.	. 33		.37
ALL OTHER SERVICES	19		31		.00		.00		004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXE	PENDITURE	ES MON'	TH-OF-PAYMENT R	REPORT	FOR JAN	2003 T	HRU DE	C 2003		PAGE	9,894
MOP024	FEE-FOR-SERVICE/D	DENTAL										01	/29/04
PLACER COUNTY	SUMMARY OF SERVIC	CES FOR	EDWARDS	CASES	IN PA-FAMILIES	5	AID CODE	38					
									MON	THLY AV	/ERAG	E	
8,458 ELIGIBLES	USERS U	JNITS OF	SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS	/DAYS	COST E	PER	COST	' PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER :	ELIG	USEF	2	ELIG	IBLE
@OPTOMETRIST	96		251	\$	6,135.67	\$	24.44		030 \$	63.	.91	\$	.73
DIAGNOSTIC AND ANC. PROCED	69		69		3,215.42		46.60		800	46.	60		.38
EYE APPLIANCES	66		177		2,596.08		14.67		021	39.	. 33		.31
OTHER OPTOMETRIC SERVICES	3		5		324.17		64.83		001	108.	.06		.04

@CHIROPRACTOR	29	44 \$	735.68	\$ 16.72	.005 \$	25.37	\$ .09
VISITS	29	44	735.68	16.72	.005	25.37	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	6						
@PODIATRIST	0	11 \$	408.64	\$ 37.15	.001 \$		
MEDICINE/INJECTIONS	6	8	271.40	33.93	.001	45.23	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
	1						
OTHER	T	2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	6	589 \$	17,948.98	\$ 30.47	.070 \$	2991.50	\$ 2.12
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	1	1 \$	182.94	\$ 182.94	.000 \$	182.94	\$ .02
	_						•
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	708	2,726 \$	252,422.14	\$ 92.60	.322 \$	356.53	\$ 29.84
	48	157	189,432.56	1206.58	.019	3946.51	22.40
HOSP INPATIENT TOTAL							
HSC HOSPITALS	34	102	127,173.26	1246.80	.012	3740.39	15.04
NON-HSC HOSPITAL TOTAL	14	55	62,259.30	1131.99	.007	4447.09	7.36
ACCOMMODATIONS	14	55	29,938.03	544.33	.007	2138.43	3.54
	0						
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	55	29,938.03	544.33	.007	2138.43	3.54
ANCILLARIES	14	0	32,321.27	.00	.000	2308.66	3.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	677	2,569	62,989.58	24.52	.304	93.04	7.45
MEDICAL	85	114	2,751.47	24.14	.013	32.37	.33
			1 052 42			25.57	
SURGERY	55	60	1,953.43	32.56	.007	35.52	.23
PATHOLOGY	225	1,011	8,933.09	8.84	.120	39.70	1.06
RADIOLOGY	145	232	16,400.70	70.69	.027	113.11	1.94
ROOM USE	534	662	25,169.55	38.02	.078	47.13	2.98
CROSSOVERS/ALL OTH OUTPTNT	269	490	7,781.34	15.88	.058	28.93	.92
@COUNTY HOSPITAL TOTAL	2	3 \$	109.71	\$ 36.57	.000 \$	54.86	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U						
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ω	Ω	.00	.00	.000	.00	.00
	0	0	.00			.00	
TRANSITIONAL IP CARE	U	U		.00	.000		.00
ALL OTHER ACCOM	Ü	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	2	3	109.71	36.57	.000	54.86	.01
MEDICAL	1	1	65.79	65.79	.000	65.79	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0						
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.07	35.07	.000	35.07	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	8.85	8.85	.000	8.85	.00
#CALIF DEPT OF HEALTH SERV							
		ES AND EXPENDITURES MO	MIH-OF-PAIMENT RE	EPORI FOR JAN 20	US THRU DE	C 2003	PAGE 9,895
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS CASE	ES IN PA-FAMILIES	AID CODE 3	8		
				_	MON'	THLY AVERA	GE
8,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST U			COST PER
0,430 ELIGIBLES	USEKS		EVAFUDIIOKE2				
				אוו טישט דידואוו טישט	PER ELIG	USER	ELIGIBLE
		OR DAYS OF CARE		PER UNIT/DAY			
@COMMUNITY HOSPITAL TOTAL	706	OR DAYS OF CARE  2,723 \$	252,312.43	\$ 92.66	.322 \$		
	706	2,723 \$		\$ 92.66	.322 \$	357.38	\$ 29.83
COMM HOSP INPATIENT TOTAL	706 48	2,723 \$ 157	189,432.56	\$ 92.66 1206.58	.322 \$ .019	357.38 3946.51	\$ 29.83 22.40
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	706 48 34	2,723 \$ 157 102	189,432.56 127,173.26	\$ 92.66 1206.58 1246.80	.322 \$ .019 .012	357.38 3946.51 3740.39	\$ 29.83 22.40 15.04
COMM HOSP INPATIENT TOTAL	706 48 34 14	2,723 \$ 157 102 55	189,432.56 127,173.26 62,259.30	\$ 92.66 1206.58 1246.80 1131.99	.322 \$ .019	357.38 3946.51	\$ 29.83 22.40 15.04 7.36
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	706 48 34	2,723 \$ 157 102	189,432.56 127,173.26	\$ 92.66 1206.58 1246.80	.322 \$ .019 .012	357.38 3946.51 3740.39	\$ 29.83 22.40 15.04

ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	55		29,938.03		544.33	.007		2138.43		3.54
ANCILLARIES	14	0		32,321.27		.00	.000		2308.66		3.82
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	675	2,566		62,879.87		24.51	.303		93.16		7.43
MEDICAL	84	113		2,685.68		23.77	.013		31.97		.32
SURGERY	55	60		1,953.43		32.56	.007		35.52		.23
PATHOLOGY	225	1,011		8,933.09		8.84	.120		39.70		1.06
RADIOLOGY	145	232		16,400.70		70.69	.027		113.11		1.94
ROOM USE	533	661		25,134.48		38.02	.078		47.16		2.97
CROSSOVERS/ALL OTH OUTPTNT		489	4	7,772.49		15.89	.058	4	29.00	4	.92
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL DEVELOP. DISABLED	0	0 0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ġ	.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Ų	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	Ö		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	41	\$		\$	86.99	.005	Ş	891.66	Ş	.42
HOSPITAL BASED	0	0 41		.00		.00	.000		.00 891.66		.00
HEMODIALYSIS CENTER	4	12	\$	3,566.64 262.41	\$	86.99 21.87	.005 .001	۲,	262.41	۲.	.42
@REHABILITATION FACILITY HOSPITAL BASED	1	12	Ş	262.41	Ş	21.87	.001	Þ	262.41	Þ	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	269	758	\$		\$		.090	Ś	40.47	Ś	1.29
PATHOLOGY	269	758	т	10,886.66	τ	14.36	.090	Τ.	40.47	Ψ.	1.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	422	866	\$	82,567.11	\$	95.34	.102	\$	195.66	\$	9.76
CLINIC	138	403		11,347.36		28.16	.048		82.23		1.34
SURGICENTER	10	56		1,494.83		26.69	.007		149.48		.18
HEROIN DETOX CLINIC	2	28		260.12		9.29	.003		130.06		.03
RURAL HEALTH CLINIC	281	379	-~	69,464.80		183.28	.045		247.21	_	8.21
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	ES MON	TH-OF-PAYMENT RE	EPOR.I	' FOR JAN	2003 THRU	DEC	2003	P	AGE 9,896
MOP024 PLACER COUNTY	FEE-FOR-SERVICE/	DENTAL CES FOR EDWARDS	CACEC	TM DA DAMTITOC		AID CODE	20				01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE		ONT	HLY AVERA	CF	
8,458 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVF	RAGE COST	UNITS/DAY				COST PER
0,130 11101111111	ОВЫКВ	OR DAYS OF CARE		HMI HNDITONHO			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	280	1,615	\$	17,725.66	\$	10.98	.191		63.31		2.10
DURABLE MED. EQUIP.	18	35		1,774.51	•	50.70	.004		98.58	•	.21
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	45	543		7,409.13		13.64	.064		164.65		.88
AMBULANCES/AIR TRANS	45	542		5,609.13		10.35	.064		124.65		.66
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.21
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0 10	0 10		.00 1,050.00		.00 105.00	.000 .001		.00 105.00		.00 .12
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		1,050.00		.00	.000		.00		.12
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAFIDI	O	o o		.00		.00	.000		.00		.00

OPTICIAN	67	141	1,279.60	9.08	.017	19.10	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	125.94	41.98	.000	62.97	.01
PROSTHETICS	1	2	97.66	48.83	.000	97.66	.01
ORTHOTICS	1	1	28.28	28.28	.000	28.28	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	12	764.80	63.73	.001	109.26	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	132	647	4,950.19	7.65	.076	37.50	.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	224	371.49	1.66	.026	371.49	.04
@CALIF. CHILDREN SERVICES*	34	924	\$ 19,532.02	\$ 21.14	.109	\$ 574.47	\$ 2.31
@XOVER EXCLUDING STATE HOSP**	6	46	\$ 3,628.34	\$ 78.88	.005	\$ 604.72	\$ .43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,897 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PLACER COUNTI	SUMMAKI OF SEK	VICES FOR SSI APPE	АЦ/Г	NLDC IN PA-DISABLE	TO AID CODES OF			CT.
040 51 5655 56	Hanna					MON		-
248 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
omoma. All provinces	100	OR DAYS OF CARE	4	07 256 20	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	127	587	Ş	27,356.39	\$ 46.60	2.367		\$ 110.31
@PHYSICIANS SERVICES	49	129	Ş	6,536.15	\$ 50.67	.520		\$ 26.36
OUTPATIENT VISITS	35	49		2,010.00	41.02	.198	57.43	8.10
OFFICE VISITS	18	23		744.95	32.39	.093	41.39	3.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	19	24		1,219.25	50.80	.097	64.17	4.92
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		45.80	22.90	.008	22.90	.18
INPATIENT VISITS	2	2		153.30	76.65	.008	76.65	.62
HOSPITAL VISITS	2	2		153.30	76.65	.008	76.65	.62
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	15		2,651.60	176.77	.060	883.87	10.69
PRINCIPAL SURGEON	3	3		1,843.26	614.42	.012	614.42	7.43
ASSISTANT SURGEON	2	2		387.20	193.60	.008	193.60	1.56
ANESTHESIOLOGIST	2	10		421.14	42.11	.040	210.57	1.70
OUTPATIENT SURGERY	2	2		286.83	143.42	.008	143.42	1.16
PRINCIPAL SURGEON	2	2		286.83	143.42	.008	143.42	1.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	8		193.61	24.20	.032	38.72	.78
RADIOLOGY	16	31		855.49	27.60	.125	53.47	3.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	11		86.69	7.88	.044	17.34	.35
OTHER SERVICES/ALL X-OVERS	8	11		298.63	27.15	.044	37.33	1.20
@PHARMACY	76	182	\$	7,344.50	\$ 40.35	.734	96.64	\$ 29.61
PRESCRIPTION DRUGS	75	180	•	7,322.58	40.68	.726	97.63	29.53
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	75	180		7,322.58	40.68	.726	97.63	29.53

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	2	2	21.92	10.96	.008	10.96	.09
@DENTIST	14	37 \$	2,302.00	\$ 62.22	.149	\$ 164.43	\$ 9.28
VISITS - DIAGNOSTIC	10	23	403.00	17.52	.093	40.30	1.63
ORAL SURGERY	2	2	90.00	45.00	.008	45.00	.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.004	200.00	.81
ENDODONTICS	1	2	660.00	330.00	.008	660.00	2.66
RESTORATIVE DENTISTRY	5	9	949.00	105.44	.036	189.80	3.83
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	I 2003 THRU DI	EC 2003	PAGE 9,898
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
PLACER COUNTY	SUMMARY OF SERVICES F	OR SSI APPEA	AL/NLDC IN PA-DISABL	ED AID CODES	6N 6P		
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PLACER COUNTY	SUMMARY OF SERVI	CES FOR	SSI APPI	LAL/N.	LDC IN PA-DISABLE	עני A.	ID CODES OF	ор М	יייזאר	א מיינוע א זווי	CF	
248 ELIGIBLES	USERS	UNITS OF	CEDVITCE		EXPENDITURES	7, 7, 7	ERAGE COST			COST PER		COST PER
Z40 EDIGIDDES	OSEKS	OR DAYS			EXFERDITORES		R UNIT/DAY		5	USER		ELIGIBLE
@OPTOMETRIST	1	OR DITTE	2	\$	21.54	\$	10.77	.008	Ś	21.54		.09
DIAGNOSTIC AND ANC. PROCED	0		0	٧	.00	۲	.00	.000	~	.00	٧	.00
EYE APPLIANCES	1		2		21.54		10.77	.008		21.54		.09
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ö	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000	•	.00	•	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	31		136	\$	8,188.86	\$	60.21	.548	\$	264.16	\$	33.02
HOSP INPATIENT TOTAL	2		4		4,600.00		1150.00	.016		2300.00		18.55
HSC HOSPITALS	2		4		4,600.00		1150.00	.016		2300.00		18.55
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	30		132		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	30		132 5		3,588.86 140.61		27.19 28.12	.532 .020		119.63 35.15		14.47 .57
MEDICAL SURGERY	4		5		.00		.00	.020		.00		.00
PATHOLOGY	0		27		224.51		8.32	.109		28.06		.00
RADIOLOGY	12		16		1,215.42		75.96	.065		101.29		4.90
ROOM USE	21		28		924.04		33.00	.113		44.00		3.73
CROSSOVERS/ALL OTH OUTPTNT	17		56		1,084.28		19.36	.226		63.78		4.37
@COUNTY HOSPITAL TOTAL	T /		0	\$	.004.28	\$	.00	.000	Ċ	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
			-									

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,899

MOP024 PLACER COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY	SUMMARI OF SERV	ICES FOR SSI AP	PEAL/	NLDC IN PA-DISABL	ED AL	D CODES OF				απ	
248 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/17		M UNITS/DAY		HLY AVERA COST PER		COST PER
240 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES			PER ELIG		USER		ELIGIBLE
ACOMMINITES HOCDITAL TOTAL	31	136	\$	8,188.86		60.21	.548		264.16		33.02
@COMMUNITY HOSPITAL TOTAL	2		Ą	4,600.00	\$	1150.00		Ą	2300.00	Ą	18.55
COMM HOSP INPATIENT TOTAL	2	4					.016		2300.00		
HSC HOSPITALS		4		4,600.00		1150.00	.016				18.55
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	30	132		3,588.86		27.19	.532		119.63		14.47
MEDICAL	4	5		140.61		28.12	.020		35.15		.57
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	27		224.51		8.32	.109		28.06		.91
RADIOLOGY	12	16		1,215.42		75.96	.065		101.29		4.90
ROOM USE	21	28		924.04		33.00	.113		44.00		3.73
CROSSOVERS/ALL OTH OUTPINT		56		1,084.28		19.36	.226		63.78		4.37
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	•	.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	τ	.00	.000	Ψ.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Õ	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ġ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	36	\$	394.75	\$	10.97	.145	\$		\$	1.59
PATHOLOGY	5	36	Y	394.75	Ÿ	10.97	.145	Y	78.95	Ÿ	1.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	39	\$	1,951.60	\$	50.04	.157	\$	177.42	Ġ	7.87
CLINIC CLINIC	3	8	Y	225.37	Ÿ	28.17	.032	Y	75.12	Y	.91
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	21		240.98		11.48	.085		240.98		.97
	7	10		1,485.25		148.53	.040		212.18		5.99
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV			מ משם	1,465.25 MONTH-OF-PAYMENT R				חבת		Ъ	3.99 AGE 9,900
MOP024	FEE-FOR-SERVICE		KES N	TONIH-OF-PAIMENT R	EPOR1	FOR UAN A	2003 IRO	DEC	2003	Ρ.	01/29/04
PLACER COUNTY			. דגים	NLDC IN PA-DISABL	בע עם	D CODEC 61	VI 6D				01/29/04
PLACER COUNTY	SUMMARI OF SERV	ICES FOR SSI AP	РЕАЦ/	NLDC IN PA-DISABL	ED AL	D CODES OF	M	ייידא	UIV AUPDA	CE	
248 ELIGIBLES	USERS	IMITE OF CEDITO	c	EXPENDITURES	7, 7, 7777						COST PER
740 FLIGIBLES	CALKS	UNITS OF SERVICE		FVLFNDTIOKF2			UNITS/DAY				
ANII OTHER DROVIDERS	1	OR DAYS OF CAR	Е \$	616 00			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EOUIP.	4 0	26	Ą	616.99	\$	23.73	.105	Ą	154.25 .00	Ą	2.49
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DIOOD DAME	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	24	600.35	25.01	.097	200.12	2.42
AMBULANCES/AIR TRANS	3	24	600.35	25.01	.097	200.12	2.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.008	16.64	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	21 \$		\$ 40.77	.085 \$	·	3.45
@XOVER EXCLUDING STATE HOSP**	4	24 \$	352.08	\$ 14.67	.097 \$	88.02 \$	1.42
⇒ # momaic in minds timed and diven.		TATE OD MARITON THEM ON	T 77 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,901
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

	MONTHLY AVERAGE							
147 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	231	4,776 \$	418,219.83	\$ 87.57	32.490 \$	1810.48	2845.03	
@PHYSICIANS SERVICES	21	87 \$	550.69	\$ 6.33	.592 \$	26.22	3.75	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	87		550.69		6.33	.592		26.22		3.75
@PHARMACY	207	1,198	\$	70,112.83	\$	58.52	8.150	\$	338.71	\$	476.96
PRESCRIPTION DRUGS	206	1,160		68,810.21		59.32	7.891		334.03		468.10
SNF/ICF	119	791		43,507.17		55.00	5.381		365.61		295.97
OUTPATIENTS	93	369		25,303.04		68.57	2.510		272.08		172.13
MEDICAL SUPPLIES	16	38		1,302.62		34.28	.259		81.41		8.86
@DENTIST	7	11	\$	1,245.00	\$	113.18	.075	\$	177.86	\$	8.47
VISITS - DIAGNOSTIC	5	7		235.00		33.57	.048		47.00		1.60
ORAL SURGERY	1	1		45.00		45.00	.007		45.00		.31
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		965.00		321.67	.020		482.50		6.56
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES MC	ONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2003 THRU	DEC 2	1003	PI	AGE 9,902
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- AGED IN PA-AGED		AID CO	DE 1E				
							M	ONTHL	Y AVERA	GE -	

						M	ONT	'HLY AVERA	GE.	
147 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	11	\$ 154.73	\$	14.07	.075	\$	77.37	\$	1.05
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.007		47.45		.32
EYE APPLIANCES	2	6	106.22		17.70	.041		53.11		.72
OTHER OPTOMETRIC SERVICES	1	4	1.06		.27	.027		1.06		.01
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	19	39	\$ 194.37	\$	4.98	.265	\$	10.23	\$	1.32
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	19	39	194.37		4.98	.265		10.23		1.32
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	14	73	\$ 3,567.90	\$	48.88	.497	\$	254.85	\$	24.27
HOSP INPATIENT TOTAL	3	7	2,520.00		360.00	.048		840.00		17.14
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	7	2,520.00		360.00	.048		840.00		17.14
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	11	66	1,047.90	15.88	.449	95.26	7.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	11	66	1,047.90	15.88	.449	95.26	7.13
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	2003	PAGE 9,903
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
PLACER COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES-	- AGED IN PA-AGED	AID CODE	E 1E		
					MON'	THLY AVERAC	GE
147 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	73 \$	3,567.90	\$ 48.88	.497 \$	254.85	\$ 24.27
COMM HOSP INPATIENT TOTAL	3	7	2,520.00	360.00	.048	840.00	17.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00

147 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE	COST UNIT			COST PER	 COST PER
		OR DAYS OF CAR	E		PER UNIT	/DAY PER	ELIC	5	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	73	\$	3,567.90	\$ 48.	88	. 497	\$	254.85	\$ 24.27
COMM HOSP INPATIENT TOTAL	3	7		2,520.00	360.	00	048		840.00	17.14
HSC HOSPITALS	0	0		.00		00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		00	.000		.00	.00
ANCILLARIES	0	0		.00		00	.000		.00	.00
INPATIENT CROSSOVERS	3	7		2,520.00	360.	00	048		840.00	17.14
ALL OTHER INPATIENT	0	0		.00		00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	11	66		1,047.90	15.	88	. 449		95.26	7.13
MEDICAL	0	0		.00		00	.000		.00	.00
SURGERY	0	0		.00		00	.000		.00	.00
PATHOLOGY	0	0		.00		00	.000		.00	.00
RADIOLOGY	0	0		.00		00	.000		.00	.00
ROOM USE	0	0		.00		00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	11	66		1,047.90	15.	88	. 449		95.26	7.13
@STATE HOSPITAL	0	0	\$	.00	\$.	00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0		.00		00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		00	.000		.00	.00
@NURSING FACILITY	95	2,926	\$	337,193.57			. 905	\$		\$ 2293.83
LEV A-INTERMEDIATE	3	131		8,900.14	67.	94	.891		2966.71	60.55
LEV B-REHAB MD	0	0		.00		00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00	.00
LEV B-REGULAR	92	2,795		328,293.43	117.		014		3568.41	2233.29
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$.	00	.000	\$	.00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	Ô	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	à		4			4		4	
@HEMODIALYSIS TOTAL	2	2	Ş	349.87	\$	174.94	.014	\$	174.94	Ş	2.38
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		349.87		174.94	.014		174.94		2.38
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	1,030.00	\$	206.00	.034	\$	343.33	\$	7.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00

1,030.00 RURAL HEALTH CLINIC 3 206.00 .034 343.33 7.01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,904 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON	THLY AVERAG	E
147 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	424 \$	3,820.87	\$ 9.01	2.884 \$	272.92	\$ 25.99
DURABLE MED. EQUIP.	4	7	2,835.46	405.07	.048	708.87	19.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	409	913.63	2.23	2.782	182.73	6.22
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	409	913.63	2.23	2.782	182.73	6.22
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	59.14	11.83	.034	19.71	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.007	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	12.14	6.07	.014	6.07	.08
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	61	206 \$	7,576.72	\$ 36.78	1.401 \$	124.21	\$ 51.54
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION ITEM O	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,905 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 24 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 579 60,871.70 \$ 105.13 24.125 \$ 2898.65 \$ 2536.32 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 1 7 \$ 25.05 \$ 3.58 .292 \$ 25.05 \$ 1.04 .00 0 0 .00 .00 OUTPATIENT VISITS .000 .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 OFFICE VISITS 0 0 .00 .00 .00 .00 .00 HOME VISITS EMERGENCY ROOM 0 0 .00 .00 .00 0 0 .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 0 0 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00 INPATIENT VISITS .00 .00 HOSPITAL VISITS 0 0 .00 .00 .00 CRITICAL CARE 0 0 .00 .00 .00 .00 0 .00 SNF/ICF/TRANS IP CARE Ω OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	Ô		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	n		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	n		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	ñ		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	7		25.05		3.58	.292		25.05		1.04
@PHARMACY	18	92	\$	5,428.69	\$ 5	9.01	3.833	Ġ	301.59	ė,	226.20
	18	92 86	Ą		•		3.583	Ą	290.96	Ą	
PRESCRIPTION DRUGS	18 17			5,237.29		0.90					218.22
SNF/ICF	1/	80		5,024.97		2.81	3.333		295.59		209.37
OUTPATIENTS	1	6		212.32		5.39	.250		212.32		8.85
MEDICAL SUPPLIES	2	6		191.40		1.90	.250	4	95.70		7.98
@DENTIST	1	1	\$	20.00		0.00	.042	\$	20.00	Ş	.83
VISITS - DIAGNOSTIC	1	Ţ		20.00	2	0.00	.042		20.00		.83
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT FO	R JAN	2003 THRU	DEC	2003	PI	AGE 9,906
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	CRAIG C	ASES-	BLIND IN PA-BLIN	ID A	ID COI	DE 2E				
							N	IONTE	HLY AVERA	GE -	
04 51 70757 50	TIGED G INTERCO	- CEDITOR			7 T T D 7 C	T 000	n marriag /pas		TOOM DED	,	TOOM DED

						1.1	OIVI		ш	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$ 11.64	\$	5.82	.083	\$	5.82	\$	.49
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	2	2	11.64		5.82	.083		5.82		.49
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	Ô	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ô	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO					PAGE 9,907
MOP024	FEE-FOR-SERVICE/		01 111111111111111111111111111111		.000 111110 520	2000	01/29/04
PLACER COUNTY		CES FOR CRAIG CASES-	BITND IN PA-BITN	D AID CODE	2 E		01/25/01
TEMOER COUNTY	Bolling of Blicks	CES TOR CRAITS CRISES	BEIND IN III BEIN	D THE CODE	MONT	THIY AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_		COST PER
21 22101222	0,221,2	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Õ	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Õ	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANGITADIEC	0	0	.00	.00	000	.00	.00

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ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

@STATE HOSPITAL

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

0

0

0

0

0

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0

0

0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	474	\$	55,384.06	\$	116.84	19.750	\$	3692.27	\$	2307.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	474		55,384.06		116.84	19.750		3692.27		2307.67
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MO	NTH-OF-PAYMENT RE	EPOR:	FOR JAN	2003 THRU	DEC	2003	P	AGE 9,908
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIN	1D	AID COL	E 2E				
							M	ONT	HLY AVERA	GE	

				MON'	THLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1	3 \$	2.26	\$ .75	.125 \$	2.26	\$ .09
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00		.00	.00
0	0		.00		.00	.00
0	0		.00			.00
1	3		.75		2.26	.09
0	0		.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00			.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE  1	OR DAYS OF CARE  1 3 \$ 2.26 \$ .75 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	USERS

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0	0 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	5	12	\$	392.40	\$	32.70	.500	\$	78.48	\$	16.35
@* TOTALS IN THESE LINES ARE GIV	VEN AS A SEPARATE	INFORMATION I	TEM	ONLY;							
THE AMOUNTS ARE ALREADY INCLU	UDED IN THE APPRO	PRIATE DETAIL	LINE	S ABOVE.							
** THESE DATA ARE INCLUDED IN T	THE APPROPRIATE D	ETAIL LINES AB	OVE.								
#CALIF DEPT OF HEALTH SERV ME	EDI-CAL SERVICES	AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC 2	003	P	AGE 9,909
MOP024 FI	EE-FOR-SERVICE/DE	NTAL									01/29/04
PLACER COUNTY SU	UMMARY OF SERVICE	S FOR CRAIG C	ASES	- DISABLED IN PA-D	ISABI	ED AID C	ODE 6E				
							MC	DNTHL	Y AVERA	GΕ	
856 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	G CO	ST PER		COST PER
	C	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	996	20,820	\$	897,570.57	\$	43.11	24.322	\$	901.18	\$	1048.56
@PHYSICIANS SERVICES	186	569	\$	20,526.22	\$	36.07	.665	\$	110.36	\$	23.98
OUTPATIENT VISITS	99	139		5,360.22		38.56	.162		54.14		6.26
OFFICE VISITS	57	74		2,192.16		29.62	.086		38.46		2.56

HOME VISITS	2	2			68.60		34.30	.002	!	34.30		.08
EMERGENCY ROOM	35	44			2,556.63		58.11	.051		73.05		2.99
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000	)	.00		.00
OTHER OUTPATIENT	15	19			542.83		28.57	.022	:	36.19		.63
INPATIENT VISITS	17	82			3,344.61		40.79	.096	,	196.74		3.91
HOSPITAL VISITS	10	69			2,924.31		42.38	.081		292.43		3.42
CRITICAL CARE	1	1			121.60		121.60	.001		121.60		.14
SNF/ICF/TRANS IP CARE	8	12			298.70		24.89	.014		37.34		.35
OPHTHALMOLOGICAL SERVICES	2	3			107.17		35.72	.004		53.59		.13
EXAMINATIONS	2	3			107.17		35.72	.004		53.59		.13
SERVICES AND MATERIALS	0	0			.00		.00	.000	)	.00		.00
INPATIENT HOSPITAL SURGERY	4	30			1,766.66		58.89	.035	,	441.67		2.06
PRINCIPAL SURGEON	4	7			1,261.88		180.27	.008		315.47		1.47
ASSISTANT SURGEON	0	0			.00		.00	.000	)	.00		.00
ANESTHESIOLOGIST	1	23			504.78		21.95	.027		504.78		.59
OUTPATIENT SURGERY	13	32			3,150.99		98.47	.037		242.38		3.68
PRINCIPAL SURGEON	12	20			2,856.21		142.81	.023		238.02		3.34
ASSISTANT SURGEON	0	0			.00		.00	.000	)	.00		.00
ANESTHESIOLOGIST	2	12			294.78		24.57	.014		147.39		.34
DIALYSIS	3	15			849.00		56.60	.018		283.00		.99
PATHOLOGY	10	14			279.10		19.94	.016	;	27.91		.33
RADIOLOGY	39	76			2,769.96		36.45	.089		71.02		3.24
PSYCHIATRY	0	0			.00		.00	.000	1	.00		.00
IMMUNIZATION AND INJECTION	2	32			436.40		13.64	.037		218.20		.51
OTHER SERVICES/ALL X-OVERS	- 67	146			2,462.11		16.86	.171		36.75		2.88
@PHARMACY	836	9,886	\$		352,747.99	\$	35.68	11.549	\$	421.95	\$	412.09
PRESCRIPTION DRUGS	833	3,811			347,518.91		91.19	4.452	:	417.19		405.98
SNF/ICF	104	862			56,138.96		65.13	1.007		539.80		65.58
OUTPATIENTS	732	2,949			291,379.95		98.81	3.445		398.06		340.40
MEDICAL SUPPLIES	38	6,075			5,229.08		.86	7.097		137.61		6.11
@DENTIST	41	113	\$		5,188.00	\$	45.91	.132	\$	126.54	\$	6.06
VISITS - DIAGNOSTIC	29	68			1,133.00		16.66	.079		39.07		1.32
ORAL SURGERY	8	27			1,382.00		51.19	.032	:	172.75		1.61
DRUGS	0	0			.00		.00	.000	)	.00		.00
ANESTHESIA	0	0			.00		.00	.000	1	.00		.00
PERIODONTICS	3	3			261.00		87.00	.004		87.00		.30
ENDODONTICS	0	1			330.00		330.00	.001		.00		.39
RESTORATIVE DENTISTRY	5	10			682.00		68.20	.012		136.40		.80
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4			1,400.00		350.00	.005		466.67		1.64
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES	MONTH-	OF-PAYMENT I	REPOR	r for jan	2003 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FO	OR CRAIG	CASI	ES- DIS	ABLED IN PA	-DISA	BLED AID (					
									TNOM	HLY AVERA	GE -	

MONTHLY AVERAGE 856 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER .049 \$ @OPTOMETRIST 14 42 806.32 \$ 19.20 57.59 \$ .94 5 5 229.99 46.00 .27 DIAGNOSTIC AND ANC. PROCED .006 46.00 10 33 528.07 16.00 .039 52.81 .62 EYE APPLIANCES 3 48.26 12.07 .005 16.09 .06 OTHER OPTOMETRIC SERVICES 4 @CHIROPRACTOR 6 10 167.20 \$ 16.72 .012 \$ 27.87 .20 VISITS 9 150.48 16.72 .011 30.10 .18 1 16.72 .02 OTHER SERVICES 1 16.72 .001 16.72 21 29 259.65 8.95 .034 \$ .30 @PODIATRIST \$ \$ 12.36 \$

MEDICINE/INJECTIONS	3	3		97.40		32.47	.004	32.47		.11
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	18	26		162.25		6.24	.030	9.01		.19
@HOME HEALTH AGENCY	9	61	\$	4,446.70	\$	72.90	.071	\$ 494.08	\$	5.19
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	0 104 10	1,231	\$	106,902.65	\$	86.84		\$ 1027.91	\$	124.89
HOSP INPATIENT TOTAL	10	57		89,979.99		1578.60	.067	8998.00		105.12
HSC HOSPITALS	4	9		12,594.00		1399.33	.011	3148.50		14.71
NON-HSC HOSPITAL TOTAL	1	41		73,461.48		1791.74	.048	73461.48		85.82
ACCOMMODATIONS	1	41		27,438.30		669.23	.048	27438.30		32.05
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.004	693.90		.81
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	38		26,744.40		703.80	.044	26744.40		31.24
ANCILLARIES	_ 1	0		46,023.18		.00	.000	46023.18		53.77
INPATIENT CROSSOVERS	5	7		3,924.51		560.64	.008	784.90		4.58
ALL OTHER INPATTENT	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS  NON-HSC HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL  CO HOSPITAL INPATIENT TOTAL	97	9 41 41 3 0 38 0 7 0 1,174		16,922.66		14.41	1.371	174.46		19.77
MEDICAL.	17	32		1,112.86		34.78	.037	65.46		1.30
SURGERY	5	6		369.18		61.53	.007	73.84		.43
PATHOLOGY	26	162		1,268.11		7.83	.189	48.77		1.48
RADIOLOGY	28	62		5,767.25		93.02	.072	205.97		6.74
ROOM IISE	47	65		2,301.70		35.41	.076	48.97		2.69
CPOSSOVERS/ALL OTH OUTDINT	60	847		6,103.56		7.21	.989	101.73		7.13
@COUNTY HOSPITAL TOTAL	2	8	\$	148.26	\$		.009		Ġ	.17
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Ÿ	.00	.000	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0 0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00				
ALL OTHER INPATIENT	0	0					.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	8		148.26		18.53 .00	.009	74.13		.17
MEDICAL	0	0		.00			.000			.00
SURGERY	0	U		.00		.00	.000	.00		.00
PATHOLOGY	∠ 1	5		62.45		12.49	.006	31.23		.07
RADIOLOGY	1	<u> </u>		39.24		39.24	.001	39.24		.05
ROOM USE		<u> </u>		35.07		35.07	.001	35.07		.04
CROSSOVERS/ALL OTH OUTPINT		1	TC 140	11.50		11.50	.001	11.50		.01
		ES AND EXPENDITUR	ES MC	DN.I.H-OEBAAMEN.I. K	EPOR	T FOR JAN 2	2003 THRU D	EC 2003	P	AGE 9,911
MOP024	FEE-FOR-SERVICE		3 CEC	DIGIDIED IN DA	DIG	DI	NDE CE			01/29/04
PLACER COUNTY	SUMMAKI OF SERV	ICES FOR CRAIG C	ASES-	- DISARPED IN BA-	DISA	PTFD AID CC		ע רוווד אר אר דוווידן.	C E	
OF C BITGIDIES	HOEDC	INTEG OF GERTICE		EXPENDIBLES	71.57			NTHLY AVERA		
856 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
@COMMINITY HOSDITAL TOTAL	103	OR DAYS OF CARE		106 754 39		R UNIT/DAY	PER ELIG	USER		ELIGIBLE
WALCHVINITE Y HUSPITAL TOTAL.	1113	1 // 3	_	1110 /54 39		8//9	1 4/9	5 1114h 4h		1/4/1

@COMMUNITY HOSPITAL TOTAL 103 1,223 106,754.39 87.29 1.429 \$ 1036.45 \$ 124.71 COMM HOSP INPATIENT TOTAL 10 57 89,979.99 1578.60 .067 8998.00 105.12 9 HSC HOSPITALS 4 12,594.00 1399.33 .011 3148.50 14.71 NON-HSC HOSPITALS TOTAL 41 73,461.48 1791.74 .048 73461.48 85.82 1 41 27,438.30 669.23 27438.30 32.05 ACCOMMODATIONS .048 ADMINISTRATIVE DAYS 1 3 693.90 231.30 .004 693.90 .81 .00 .00 31.24 TRANSITIONAL IP CARE 0 0 .00 .000 .00 38 26,744.40 ALL OTHER ACCOM 1 703.80 .044 26744.40 1 0 46,023.18 .000 46023.18 53.77 ANCILLARIES .00

INPATIENT CROSSOVERS	5	7		3,924.51		560.64	.008		784.90		4.58
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	1,166		16,774.40		14.39	1.362		174.73		19.60
MEDICAL	17	32		1,112.86		34.78	.037		65.46		1.30
SURGERY	5	6		369.18		61.53	.007		73.84		.43
PATHOLOGY	24	157		1,205.66		7.68	.183		50.24		1.41
RADIOLOGY	24	61		5,728.01		93.90	.103		212.15		6.69
ROOM USE	27 47	64		2,266.63		35.42	.071		48.23		2.65
CROSSOVERS/ALL OTH OUTPTNT		846		6,092.06		7.20	.075		103.26		2.65 7.12
	0		4	•	۲.			4		d	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0 79	0		.00	4	.00	.000		.00	4	.00
@NURSING FACILITY		2,346	\$	279,801.99	Ş	119.27	2.741	\$	3541.80	Ş	326.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	79	2,346		279,801.99		119.27	2.741		3541.80	_	326.87
@INTERMEDIATE CARE FACILDD	15	372	\$	66,156.22	\$		.435	\$		\$	77.29
ICF DDH	2	43		6,414.31		149.17	.050		3207.16		7.49
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	329		59,741.91		181.59	.384		4595.53		69.79
@HEMODIALYSIS TOTAL	8	44	\$	6,271.08	\$	142.52		\$	783.89	\$	7.33
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	44		6,271.08		142.52	.051		783.89		7.33
@REHABILITATION FACILITY	1	1	\$	47.38	\$	47.38	.001	\$	47.38	\$	.06
HOSPITAL BASED	1	1		47.38		47.38	.001		47.38		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	158	\$	1,512.77	\$	9.57	.185	\$	60.51	\$	1.77
PATHOLOGY	23	156		1,505.91		9.65	.182		65.47		1.76
XO AND OTHERS	2	2		6.86		3.43	.002		3.43		.01
@ORGANIZED OUTPATIENT CLINIC	63	100	\$	14,464.63	\$	144.65	.117	\$	229.60	\$	16.90
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	100		14,464.63		144.65	.117		229.60		16.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M		EPORT			DEC		PI	AGE 9,912
MOP024	FEE-FOR-SERVICE/DENTAL		_								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	R CRAIG	CASES	- DISABLED IN PA-I	DISAB	LED AID COI	DE 6E				, -,
				<b></b>		00.			א כויד א א דודי	CE.	

PLACER COUNTY	SUMMARY OF SERV	LCES FOR CRAIG CASES-	DISABLED IN PA-I	TOURTED AID CO	DE OE		
					MON	THLY AVERA	GE
856 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	120	5,858 \$	38,271.77	\$ 6.53	6.843 \$	318.93	\$ 44.71
DURABLE MED. EQUIP.	7	38	2,037.84	53.63	.044	291.12	2.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	2,193.34	1096.67	.002	1096.67	2.56
MEDICAL TRANSPORTATION	41	4,017	11,518.53	2.87	4.693	280.94	13.46
AMBULANCES/AIR TRANS	13	65	1,401.16	21.56	.076	107.78	1.64
OTHER TRANS	28	3,952	10,117.37	2.56	4.617	361.33	11.82
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.12
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	38	471.69	12.41	.044	24.83	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	67.02	13.40	.006	22.34	.08
PROSTHETIST/ORTHOTISTS	1	22	5,825.78	264.81	.026	5825.78	6.81

PROSTHETICS	1	22	5,825.78	264.81	.026	5825.78		6.81
ORTHOTICS	0	0	.00	.00	.000	.00	1	.00
PSYCHOLOGIST	2	2	.66	.33	.002	.33		.00
SPEECH AND AUDIOLOGY	20	59	2,313.69	39.22	.069	115.68	1	2.70
HOSPICE SERVICES	2	110	12,114.56	110.13	.129	6057.28	1	14.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	1	.00
LOCAL EDUCATION AGENCIES	11	57	632.11	11.09	.067	57.46	;	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	1	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	1	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	1	.00
ALL OTHER PROVIDERS	18	1,507	991.55	.66	1.761	55.09	1	1.16
@CALIF. CHILDREN SERVICES*	9	89	\$ 28,972.69	\$ 325.54	.104	\$ 3219.19	\$	33.85
@XOVER EXCLUDING STATE HOSP**	115	1,215	\$ 17,995.98	\$ 14.81	1.419	\$ 156.49	\$	21.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,913

01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PLACER COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL			~-
1 005			_			MON		
1,027 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,248	26,175	\$	1,376,662.10	\$ 52.59	25.487 \$		\$ 1340.47
@PHYSICIANS SERVICES	208	663	\$	21,101.96	\$ 31.83	.646 \$		
OUTPATIENT VISITS	99	139		5,360.22	38.56	.135	54.14	5.22
OFFICE VISITS	57	74		2,192.16	29.62	.072	38.46	2.13
HOME VISITS	2	2		68.60	34.30	.002	34.30	.07
EMERGENCY ROOM	35	44		2,556.63	58.11	.043	73.05	2.49
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19		542.83	28.57	.019	36.19	.53
INPATIENT VISITS	17	82		3,344.61	40.79	.080	196.74	3.26
HOSPITAL VISITS	10	69		2,924.31	42.38	.067	292.43	2.85
CRITICAL CARE	1 8	1		121.60	121.60	.001	121.60	.12
SNF/ICF/TRANS IP CARE	8	12		298.70	24.89	.012	37.34	. 29
OPHTHALMOLOGICAL SERVICES	2	3		107.17	35.72	.003	53.59	.10
EXAMINATIONS	2	3		107.17	35.72	.003	53.59	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	30		1,766.66	58.89	.029	441.67	1.72
PRINCIPAL SURGEON	4	7		1,261.88	180.27	.007	315.47	1.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23		504.78	21.95	.022	504.78	.49
OUTPATIENT SURGERY	13	32		3,150.99	98.47	.031	242.38	3.07
PRINCIPAL SURGEON	12	20		2,856.21	142.81	.019	238.02	2.78
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12		294.78	24.57	.012	147.39	. 29
DIALYSIS	3	15		849.00	56.60	.015	283.00	.83
PATHOLOGY	10	14		279.10	19.94	.014	27.91	.27
RADIOLOGY	39	76		2,769.96	36.45	.074	71.02	2.70
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	32		436.40	13.64	.031	218.20	.42
OTHER SERVICES/ALL X-OVERS	89	240		3,037.85	12.66	.234	34.13	2.96
@PHARMACY	1,061	11,176	\$		\$ 38.32	10.882 \$	403.67	\$ 417.03
PRESCRIPTION DRUGS	1,057	5,057		421,566.41	83.36	4.924	398.83	410.48
SNF/ICF	240	1,733		104,671.10	60.40	1.687	436.13	101.92
OUTPATIENTS	826	3,324		316,895.31	95.34	3.237	383.65	308.56
MEDICAL SUPPLIES	56	6,119		6,723.10	1.10	5.958	120.06	6.55
@DENTIST	49	125	\$	6,453.00	\$ 51.62	.122 \$		
VISITS - DIAGNOSTIC	35	76	т	1,388.00	18.26	.074	39.66	1.35
ORAL SURGERY	9	28		1,427.00	50.96	.027	158.56	1.39
	_	20		=, ==: • • •				= : 32

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	3	261.00	87.00	.003	87.00	.25
0	1	330.00	330.00	.001	.00	.32
5	10	682.00	68.20	.010	136.40	.66
0	0	.00	.00	.000	.00	.00
5	7	2,365.00	337.86	.007	473.00	2.30
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,914
FEE-FOR-SERVICE/DENTA	L					01/29/04
SUMMARY OF SERVICES F	OR CRAIG CASE	S- TOTAL IN PA-TOTAL				
	FEE-FOR-SERVICE/DENTA	FEE-FOR-SERVICE/DENTAL	0 0 .00 3 3 3 261.00 0 1 330.00 5 10 682.00 0 0 .00 5 7 2,365.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	0         0         .00         .00           3         3         261.00         87.00           0         1         330.00         330.00           5         10         682.00         68.20           0         0         .00         .00           5         7         2,365.00         337.86           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0 <td< td=""><td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.</td></td<>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.

----- MONTHLY AVERAGE -----

1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	53 \$	961.05	\$ 18.13	.052 \$	60.07	\$ .94
DIAGNOSTIC AND ANC. PROCED	6	6	277.44	46.24	.006	46.24	. 27
EYE APPLIANCES	12	39	634.29	16.26	.038	52.86	.62
OTHER OPTOMETRIC SERVICES	4	8	49.32	6.17	.008	12.33	.05
@CHIROPRACTOR	6	10 \$	167.20	\$ 16.72	.010 \$		
VISITS	5	9	150.48	16.72	.009	30.10	.15
OTHER SERVICES	1	ĺ	16.72	16.72	.001	16.72	.02
@PODIATRIST	42	70 \$	465.66	\$ 6.65	.068 \$		\$ .45
MEDICINE/INJECTIONS	3	3	97.40	32.47	.003	32.47	.09
	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0					.00
RADIO./PATHOLOGY	0		.00	.00	.000	.00	.00
OTHER	39	67	368.26	5.50	.065	9.44	.36
@HOME HEALTH AGENCY	9	61 \$	4,446.70	\$ 72.90	.059 \$		\$ 4.33
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	118	1,304 \$	110,470.55	\$ 84.72	1.270 \$		\$ 107.57
HOSP INPATIENT TOTAL	13	64	92,499.99	1445.31	.062	7115.38	90.07
HSC HOSPITALS	4	9	12,594.00	1399.33	.009	3148.50	12.26
NON-HSC HOSPITAL TOTAL	1	41	73,461.48	1791.74	.040	73461.48	71.53
ACCOMMODATIONS	1	41	27,438.30	669.23	.040	27438.30	26.72
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.003	693.90	.68
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	38	26,744.40	703.80	.037	26744.40	26.04
ANCILLARIES	1	0	46,023.18	.00	.000	46023.18	44.81
INPATIENT CROSSOVERS	8	14	6,444.51	460.32	.014	805.56	6.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	1,240	17,970.56	14.49	1.207	166.39	17.50
MEDICAL	17	32	1,112.86	34.78	.031	65.46	1.08
SURGERY	5	6	369.18	61.53	.006	73.84	.36
PATHOLOGY	26	162	1,268.11	7.83	.158	48.77	1.23
RADIOLOGY	28	62	5,767.25	93.02	.060	205.97	5.62
ROOM USE	47	65	2,301.70	35.41	.063	48.97	2.24
CROSSOVERS/ALL OTH OUTPTNT	71	913	7,151.46	7.83	.889	100.72	6.96
@COUNTY HOSPITAL TOTAL	2	8 \$	148.26	\$ 18.53	.008 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ô	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ô	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8	148.26	18.53	.008	74.13	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
PATHOLOGY	2	5	62.45	12.49	.005	31.23	.06
RADIOLOGY	1	1	39.24	39.24	.001	39.24	.04
ROOM USE	1	1	35.07	35.07	.001	35.07	.03
CROSSOVERS/ALL OTH OUTPINT	1	1	11.50	11.50	.001	11.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVIC	ES AND EXPENDITURES MO					PAGE 9,915
MOP024	FEE-FOR-SERVICE		ONITI OF FAIRENT REP	LOKI FOR UAN 2	.000 TIIKO DE	2003	01/29/04
PLACER COUNTY		ICES FOR CRAIG CASES	– ΤΟΤΑΙ, ΤΝ ΡΑ-ΤΟΤΔΙ	Γ.			01/20/01
	OI DINV			_	MON	THLY AVERA	GE

----- MONTHLY AVERAGE -----1,027 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			ושת	R UNIT/DAY	ספס פודמ		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	117	1,296	\$	110,322.29	\$	85.13	1.262		942.93	Ś	107.42
COMM HOSP INPATIENT TOTAL	13	64	٧	92,499.99	٧	1445.31	.062	Y	7115.38	٧	90.07
HSC HOSPITALS	4	9		12,594.00		1399.33	.002		3148.50		12.26
NON-HSC HOSPITALS TOTAL	1	41		73,461.48		1791.74	.040		73461.48		71.53
ACCOMMODATIONS	1	41		27,438.30		669.23	.040		27438.30		26.72
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	3		693.90		231.30	.003		693.90		.68
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1	38									
ALL OTHER ACCOM	1	0		26,744.40		703.80	.037		26744.40		26.04
ANCILLARIES	Τ			46,023.18		.00	.000		46023.18		44.81
INPATIENT CROSSOVERS	8	14		6,444.51		460.32	.014		805.56		6.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	107	1,232		17,822.30		14.47	1.200		166.56		17.35
MEDICAL	17	32		1,112.86		34.78	.031		65.46		1.08
SURGERY	5	_ 6		369.18		61.53	.006		73.84		.36
PATHOLOGY	24	157		1,205.66		7.68	.153		50.24		1.17
RADIOLOGY	27	61		5,728.01		93.90	.059		212.15		5.58
ROOM USE	47	64		2,266.63		35.42	.062		48.23		2.21
CROSSOVERS/ALL OTH OUTPTNT	70	912		7,139.96		7.83	.888		102.00		6.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	189	5,746	\$	672,379.62	\$	117.02	5.595	\$	3557.56	\$	654.70
LEV A-INTERMEDIATE	3	131		8,900.14		67.94	.128		2966.71		8.67
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	186	5,615		663,479.48		118.16	5.467		3567.09		646.04
@INTERMEDIATE CARE FACILDD	15	372	\$	66,156.22	\$	177.84	.362	\$	4410.41	\$	64.42
ICF DDH	2	43	Ψ	6,414.31	Υ	149.17	.042	Υ	3207.16	~	6.25
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	329		59,741.91		181.59	.320		4595.53		58.17
@HEMODIALYSIS TOTAL	10	46	\$	6,620.95	\$	143.93	.045	\$	662.10	\$	6.45
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	10	46		6,620.95		143.93	.045		662.10		6.45
			Ċ.		ċ	47.38		۲,		۲,	
@REHABILITATION FACILITY	1	1	\$	47.38	\$		.001	Þ	47.38	\$	.05
HOSPITAL BASED	1	1		47.38		47.38	.001		47.38		.05
INDEPENDENT FACILITY	0	0		.00	_	.00	.000		.00		.00
@LABORATORY FACILITY	25	158	\$	1,512.77	\$	9.57	.154	\$	60.51	Ş	1.47
PATHOLOGY	23	156		1,505.91		9.65	.152		65.47		1.47
XO AND OTHERS	2	2		6.86		3.43	.002		3.43		.01
@ORGANIZED OUTPATIENT CLINIC	66	105	\$	15,494.63	\$	147.57	.102	\$	234.77	\$	15.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	66	105		15,494.63		147.57	.102		234.77		15.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR'	r for jan	2003 THRU	DEC	2003	F	AGE 9,916
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	S- TOTAL IN PA-TOTA	AL						
							M	ONT	HLY AVERA	GE.	
1,027 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
, -		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	135	6,285	\$	42,094.90	\$	6.70	6.120		311.81	\$	40.99
DURABLE MED. EQUIP.	11	45	•	4,873.30	т.	108.30	.044	r	443.03	*	4.75
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		2,193.34		1096.67	.002		1096.67		2.14
MEDICAL TRANSPORTATION	46	4,426		12,432.16		2.81	4.310		270.26		12.11
AMBULANCES/AIR TRANS	13	65		1,401.16		21.56	.063		107.78		1.36
OTHER TRANS	33	4,361		11,031.00		2.53	4.246		334.27		10.74
OTHER TRANS	33	4,301		11,031.00		4.33	7.240		JJ#.4/		10./4

OTHER SERVICES	0	0	.00		.00	.000	.00	)	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	)	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	)	.00
GENETIC DISEASE TESTING	1	1	105.00	10	5.00	.001	105.00	)	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	)	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	)	.00
OPTICIAN	22	43	530.83	1:	2.34	.042	24.13	3	.52
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	)	.00
PORTABLE X-RAY	5	9	69.78		7.75	.009	13.96	5	.07
PROSTHETIST/ORTHOTISTS	1	22	5,825.78	26	4.81	.021	5825.78	}	5.67
PROSTHETICS	1	22	5,825.78	26	4.81	.021	5825.78	}	5.67
ORTHOTICS	0	0	.00		.00	.000	.00	)	.00
PSYCHOLOGIST	2	2	.66		.33	.002	.33	3	.00
SPEECH AND AUDIOLOGY	20	59	2,313.69	3:	9.22	.057	115.68	}	2.25
HOSPICE SERVICES	2	110	12,114.56	11	0.13	.107	6057.28	3	11.80
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	11	57	632.11	1:	1.09	.056	57.46	5	.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	)	.00
ALL OTHER PROVIDERS	20	1,509	1,003.69		.67	1.469	50.18	3	.98
@CALIF. CHILDREN SERVICES*	9	89	\$ 28,972.69	•	5.54	.087	\$ 3219.19		28.21
@XOVER EXCLUDING STATE HOSP**	181	1,433	\$ 25,965.10	\$ 18	8.12	1.395	\$ 143.45	5 \$	25.28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER CERTIFICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,917
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

----- MONTHLY AVERAGE -----225,378 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 128,774 2,349,535 35.17 @TOTAL, ALL PROVIDERS 82,630,755.55 10.425 \$ 641.67 \$ 46,252 120,845 44.46 .536 \$ 116.17 \$ 23.84 @PHYSICIANS SERVICES 5,372,896.88 OUTPATIENT VISITS 31,800 37.93 53.19 7.51 44,597 1,691,586.97 .198 OFFICE VISITS 22,218 29,032 912,411.23 31.43 .129 41.07 4.05 136 169 34.70 43.11 5,863.51 .001 .03 HOME VISITS 8,454 .038 EMERGENCY ROOM 7,215 445,297.31 52.67 61.72 PREVENTIVE CARE 13 12 484.80 40.40 .000 37.29 .00 2,088 246,520.56 67.03 OB VISITS/COMPRE PERI 3,678 .016 118.07 1.09 OTHER OUTPATIENT 2,909 3,252 81,009.56 24.91 .014 27.85 .36 8,253 INPATIENT VISITS 2,083 464,699.46 .037 223.09 2.06 HOSPITAL VISITS 1,802 6,600 285,471.15 43.25 .029 158.42 1.27 172 166,348.68 130.67 967.14 .74 CRITICAL CARE 1,273 .006 .002 232 SNF/ICF/TRANS IP CARE 380 12,879.63 33.89 55.52 .06 OPHTHALMOLOGICAL SERVICES 313 405 16,524.35 40.80 .002 52.79 .07 385 294 42.03 .002 EXAMINATIONS 16,179.91 SERVICES AND MATERIALS 20 20 344.44 17.22 .000 17.22 .00 1,893 8,831 1,129,624.53 INPATIENT HOSPITAL SURGERY 127.92 .039 596.74 5.01 .008 PRINCIPAL SURGEON 1,310 1,744 914,245.41 524.22 697.90 4.06 ASSISTANT SURGEON 220 226 42,169.21 .001 191.68 .19 236.63 ANESTHESIOLOGIST 732 173,209.91 25.25 .77 6,861 .030 OUTPATIENT SURGERY 3,229 516,450.28 76.93 159.94 6,713 .030 2.29 PRINCIPAL SURGEON 2,781 3,539 423,333.72 119.62 .016 152.22 1.88 ASSISTANT SURGEON 46 46 5,448.49 118.45 .000 118.45 .02 3,128 28.03 125.60 ANESTHESIOLOGIST 87,668.07 .014 DIALYSIS 83 312 24,506.56 78.55 .001 295.26 .11 3,697 5,380 PATHOLOGY 85,614.19 15.91 .024 23.16 .38 .069 8,978 15,571 749,207.46 RADIOLOGY 48.12 83.45 3.32 **PSYCHIATRY** 374 12,374.83 33.09 .002 36.29 .05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1,086	3,207		110,211.97		34.37	.014		101.48		. 49
OTHER SERVICES/ALL X-OVERS	10,030	27,202		572,096.28		21.03	.121		57.04		2.54
@PHARMACY	84,378	979,089	\$	25,034,317.67	\$	25.57	4.344	Ś	296.69	Ś	111.08
PRESCRIPTION DRUGS	83,635	309,014	٧	23,132,427.97	٧	74.86	1.371	٧	276.59	٧	102.64
	,	51,021		2,562,660.93		50.23	.226		321.18		11.37
OTHED A MEENING	76 120	257,993				79.73	1.145		270.20		91.27
OUIPALLENIS	76,129			20,569,767.04		2.84	2.973		377.73		8.44
MEDICAL SUPPLIES	5,035	670,075 60,772	4	1,901,889.70	4			4		4	
@DENTIST	13,490	60,772	\$	2,324,876.43	\$	38.26	.270	Ş	172.34	Ş	10.32
VISITS - DIAGNOSTIC	9,114	37,292		540,205.84		14.49	.165		59.27		2.40
ORAL SURGERY	1,719	4,035		196,374.00		48.67	.018		114.24		.87
DRUGS	614	756		15,802.50		20.90	.003		25.74		.07
ANESTHESIA	44	45		3,975.00		88.33	.000		90.34		.02
PERIODONTICS	323	366		51,675.00		141.19	.002		159.98		.23
ENDODONTICS	1,218	2,233		336,250.70		150.58	.010		276.07		1.49
RESTORATIVE DENTISTRY	4,739	13,020		853,322.68		65.54	.058		180.06		3.79
PROSTHETICS	87	97		2,944.00		30.35	.000		33.84		.01
DENTURES, STAYPLATES	697	1,755		263,491.05		150.14	.008		378.04		1.17
SPACE MAINTAINERS	105	135		15,580.00		115.41	.001		148.38		.07
MAXILLOFACIAL SERVICES	26	26		2,747.89		105.69	.000		105.69		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	395	482		40,772.77		84.59	.002		103.22		.18
ALL OTHER SERVICES	382	530		1,735.00		3.27	.002		4.54		.01
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES N	MONTH-OF-PAYMENT RI	EPOR'	r for Jan 2	2003 THRU I	DEC	2003	P	AGE 9,918
MOP024	FEE-FOR-SERVICE										01/29/04
PLACER COUNTY		ICES FOR TOTAL CE	ERTI	FIED							
							MC	TNC	HLY AVERA	GE	
225,378 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
•		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3,343	9,378	\$	209,836.46	\$	22.38	.042	\$	62.77	\$	.93
DIAGNOSTIC AND ANC. PROCED	1,892	1,902	•	86,786.67	•	45.63	.008	•	45.87	•	.39
EVE ADDITANCES	2 428	7,032		110,571.15		15.72	.031		45.54		. 49
OTHER OPTOMETRIC SERVICES	319	444		12,478.64		28.11	.002		39.12		.06
@CHIROPRACTOR	567	952	\$	15,676.54	\$		.004	Ś	27.65	Ś	.07
VISITS	552	932	Υ	15,434.28	τ	16.56	.004	Ψ.	27.96	Υ	.07
OTHER SERVICES	15	20		242.26		12.11	.000		16.15		.00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	1 718	2,328	\$	35,131.87	\$	15.09	.010	Ś	20.45	Ś	.16
MEDICINE / INTECTIONS	255	288	٧	9,228.59	٧	32.04	.001	٧	36.19	Υ	.04
SURGERY/ANES.	32	42		3,758.91		89.50	.000		117.47		.02
RADIO./PATHOLOGY	24	28		500.84		17.89	.000		20.87		.00
OTHER	1 467	1,970		21,643.53		10.99	.009		14.75		.10
@HOME HEALTH AGENCY	270	28,041	\$	910,603.79	\$	32.47	.124	Ġ	2409.00	\$	4.04
NURSE ANESTHESIST	21	20,041	\$	913.32		4.13	.001			Š	.00
NURSE MIDWIFE	32 24 1,467 378 21 30	159	\$	4,432.04	\$	27.87	.001			\$	.02
DEDITABLE AND DE DESCRIPTIONES	Ō	159	۶ \$	4,432.04		.00	.000			\$	.02
PEDIAIRIC NURSE PRACILIIONER	40 19,403	91	۶ \$	2,246.05	\$ \$	24.68	.000			\$	.01
FAMILY NURSE PRACTITIONER	10 402	106,440	۶ \$	15,083,761.10		141.71	.472		777.39		
@TOTAL HOSPITAL	19,403	11 050	Þ		Þ			Þ		Þ	66.93
HOSP INPATIENT TOTAL	2,283 1,216	11,050		12,896,091.12		1167.07	.049		5648.75		57.22
HSC HOSPITALS	1,310	6,382		7,760,804.38		1216.05	.028		5897.27		34.43
NON-HSC HOSPITAL TOTAL	028	3,159		4,844,123.93		1533.44	.014		7713.57		21.49
ACCOMMODATIONS	625	3,159		1,781,135.61		563.83	.014		2849.82		7.90
ADMINISTRATIVE DAYS	26	392		88,367.22		225.43	.002		3398.74		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	606	2,767		1,692,768.39		611.77	.012		2793.35		7.51
ANCILLARIES	19,403 2,283 1,316 628 625 26 0 606 628	1 500		3,062,988.32		.00	.000		4877.37		13.59

291,162.81

2,187,669.98

146,583.12 67,630.23

275,306.99

.00

192.95

.00

22.93

40.57

39.92

9.31

.007

.000

.423

.016

.008

.131

784.81

121.86

60.92

46.26

45.95

.00

1.29

.00

.65

.30

1.22

9.71

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

371

0

17,952

2,406

1,462

5,991

1,509

95,390

3,613

1,694

29,585

RADIOLOGY ROOM USE	4,144 11,446	5,988 15,057	424,223.38 566,562.92	70.85 37.63	.027	102.37 49.50	1.88 2.51
CROSSOVERS/ALL OTH OUTPINT	8,201	39,453	707,363.34	17.93	.175	86.25	3.14
@COUNTY HOSPITAL TOTAL	90	601	\$ 226,658.65	\$ 377.14	.003	\$ 2518.43	\$ 1.01
CO HOSPITAL INPATIENT TOTAL	10	184	213,990.29	1162.99	.001	21399.03	.95
HSC HOSPITALS	10	138	183,603.03	1330.46	.001	18360.30	.81
NON-HSC HOSPITALS TOTAL	1	46	30,387.26	660.59	.000	30387.26	.13
ACCOMMODATIONS	1	46	10,639.80	231.30	.000	10639.80	.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	46	10,639.80	231.30	.000	10639.80	.05
ANCILLARIES	1	0	19,747.46	.00	.000	19747.46	.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	83	417	12,668.36	30.38	.002	152.63	.06
MEDICAL	28	35	1,524.27	43.55	.000	54.44	.01

SURGERY	16	20	2,354.25	117.71	.000	147.14	.01
PATHOLOGY	33	177	2,610.62	14.75	.001	79.11	.01
RADIOLOGY	7	7	572.72	81.82	.000	81.82	.00
ROOM USE	54	91	4,069.92	44.72	.000	75.37	.02
CROSSOVERS/ALL OTH OUTPINT		87	1,536.58	17.66	.000	43.90	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES			2003 THRU DE	EC 2003	PAGE 9,919
MOP024	FEE-FOR-SERVICE						01/29/04
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TOTAL CER	TIFIED				
00E 270 BLTGTDIRG	Hanna	INITES OF SERVICE		ATTERNACE COC		THLY AVERAC	
•	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,331	105,839 \$	14,857,102.45	\$ 140.37	.470 \$		
COMM HOSP INPATIENT TOTAL	2,275	10,866	12,682,100.83	1167.14	.048	5574.55	56.27
HSC HOSPITALS	1,308	6,244	7,577,201.35	1167.14 1213.52 1546.33 568.74 225.43	.028	5792.97	
NON-HSC HOSPITALS TOTAL	627	3,113	4,813,736.67	1546.33	.014	7677.41	21.36
ACCOMMODATIONS	624	3,113	1,770,495.81	568.74	.014	2837.33	7.86
ADMINISTRATIVE DAYS	26	392	88,367.22	225.43	.002	3398.74	. 39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	605	2,721	1,682,128.59	618.20	.012	2780.38	7.46
ANCILLARIES	627	, 0	3,043,240.86	.00	.000	4853.65	13.50
INPATIENT CROSSOVERS	371	1.509	291.162.81	192.95	.007	784.81	1.29
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	_,555	00	.00	000	.00	.00
COMM HOSP OUTPATTENT TOTAL.	17 883	94 973	2 175 001 62	22.90 40.54 38.99 9.27 70.83	.421	121.62	9.65
MEDICAL.	2 379	3 578	145 058 85	40 54	.016	60.97	
CIDCEDV	1 117	1 674	65 275 00	20.01	.007	45.11	.29
DATIOLOGY	I,44/	20 400	05,275.90	38.99 9.27	.130	45.75	1.21
PARTOLOGY	5,960 4 137	29,400	422,696.37	70.02	.130	102.41	1.88
RADIOLOGY	4,13/	5,981	423,050.00	70.83 37.58	.027	102.41	
ROOM USE	11,402	14,966	562,493.00	37.58		49.33	2.50
CROSSOVERS/ALL OTH OUTPTNT	8,169	39,366	705,826.76	17.93	.175	86.40	3.13
@STATE HOSPITAL	13	426 Ş	181,689.67	17.93 \$ 426.50	.002 \$	13976.13	
PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	1	61	21,445.91	351.57	.000	21445.91	.10
DEVELOP. DISABLED	12	365	160,243.76	439.02	–	13353.65	.71
@NURSING FACILITY	7,644	244,002 \$			1.083 \$	3086.36	
LEV A-INTERMEDIATE	253	8,200	411,305.37	50.16	.036	1625.71	1.82
LEV B-REHAB MD	27	873	87,853.81	100.63	.004	3253.84	.39
LEV B-SUBACUTE FREESTANDING	0	8,200 873 0 866	.00	.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	23	866	434,880.21	502.17	.004	18907.84	1.93
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7,351	234,063	22,658,060.92	96.80	1.039	3082.31	100.53
@INTERMEDIATE CARE FACILDD	473	14,327 \$	2,291,632.10	\$ 159.95	.064	4844.89	\$ 10.17
ICF DDH	158	4,746	648,152.02	136.57	.021	4102.23	2.88
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	315	9,581	1,643,480.08	171.54	.043	5217.40	7.29
@HEMODIALYSIS TOTAL	419	5,309 \$		\$ 62.35	.024 \$	790.04	\$ 1.47
HOSPITAL BASED	0	0	.00	. 00	.000	.00	.00
HEMODIALYSIS CENTER	419	5,309	331,027.15 8,640.60	62.35	.024		1.47
@REHABILITATION FACILITY	66	345 \$	8 640 60	\$ 25.05	.002 \$		
HOSPITAL BASED	45	140	5,206.39	37.19	.001	115.70	.02
TNDEDENDENT FACTITTY	21	205	3,434.21	16.75	.001	163.53	.02
@I ADODATODY FACTITTY	7,807	29,791 \$		\$ 14.43	.132 \$		
@LABORATORY FACILITY	7,760	29,692	429,500.95		.132	55.35	1.91
PAIROLOGI	7,760 47	29,692	429,500.95	14.47 $4.92$	.132	10.36	.00
XO AND OTHERS							
@ORGANIZED OUTPATIENT CLINIC	12,503	26,365 \$		\$ 108.10	.117 \$		\$ 12.65
CLINIC	2,741	9,427	278,327.68	29.52	.042	101.54	1.23
SURGICENTER	292	1,440	54,827.11	38.07	.006	187.76	. 24
HEROIN DETOX CLINIC	14	221	2,556.37	11.57	.001	182.60	.01
RURAL HEALTH CLINIC	9,581	15,277	2,514,406.56	164.59	.068	262.44	11.16
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	ic 2003	PAGE 9,920
MOD024	FFF-FOD-SFRVICE	/ L) H' ΝΙ' Ι' Δ Ι .					01/29/04

01/29/04

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PLACER COUNTY

MOP024

						101	ONTHIL AVEIL	7015	
225,378 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	15,018	720,654	\$	3,950,867.93	\$ 5.48	3.198	\$ 263.08	\$	17.53
DURABLE MED. EQUIP.	1,253	5,820		678,595.31	116.60	.026	541.58		3.01
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	56	67		22,532.13	336.30	.000	402.36		.10
MEDICAL TRANSPORTATION	3,108	131,805		635,408.67	4.82	.585	204.44		2.82
AMBULANCES/AIR TRANS	1,754	17,427		230,101.36	13.20	.077	131.19		1.02
OTHER TRANS	1,352	113,571		335,100.34	2.95	.504	247.86		1.49
OTHER SERVICES	101	807		70,206.97	87.00	.004	695.12		.31
ACUPUNCTURE	39	83		1,508.41	18.17	.000	38.68		.01
ADULT DAY HEALTH CARE CTR	987	15,122		1,049,168.37	69.38	.067	1062.99		4.66
GENETIC DISEASE TESTING	429	432		44,519.50	103.05	.002	103.78		.20
IHMC, MODEL-NF, NF, AIDS, MSSP	288	8,839		335,272.08	37.93	.039	1164.14		1.49
OCCUPATIONAL THERAPIST	22	346		1,897.36	5.48	.002	86.24		.01
OPTICIAN	2,679	5,938		63,303.56	10.66	.026	23.63		.28
PHYSICAL THERAPIST	10	90		961.98	10.69	.000	96.20		.00
PORTABLE X-RAY	190	375		2,810.34	7.49	.002	14.79		.01
PROSTHETIST/ORTHOTISTS	249	619		79,530.52	128.48	.003	319.40		.35
PROSTHETICS	233	595		78,005.94	131.10	.003	334.79		.35
ORTHOTICS	18	24		1,524.58	63.52	.000	84.70		.01
PSYCHOLOGIST	47	72		1,486.52	20.65	.000	31.63		.01
SPEECH AND AUDIOLOGY	1,444	5,207		253,300.79	48.65	.023	175.42		1.12
HOSPICE SERVICES	87	2,345		268,164.06	114.36	.010	3082.35		1.19
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68		.00
LOCAL EDUCATION AGENCIES	2,604	71,915		235,754.81	3.28	.319	90.54		1.05
EPSDT SUPPLEMENTAL SERVICE	3	152		4,470.32	29.41	.001	1490.11		.02
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	2,643	471,426		271,076.52	.58	2.092	102.56		1.20
@CALIF. CHILDREN SERVICES*	1,492	91,146	\$	2,802,669.66	\$ 30.75	.404	\$ 1878.46	\$	12.44
@XOVER EXCLUDING STATE HOSP**	11,380	125,899	\$	1,623,179.63	\$ 12.89	.559	\$ 142.63	\$	7.20

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.